IN THE CIRCUIT COURT OF
THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA
GENERAL JURISDICTION DIVISION

NORMA R. BROIN, et al.,

Plaintiffs,

vs.

CASE NO. 91-49738

CA 22

PHILIP MORRIS COMPANIES, INC., et al.,

Defendants.

TRIAL

VOLUME 57

TRANSCRIPT OF PROCEEDINGS in the above-styled cause before the Honorable Robert Paul Kaye, at the Dade County Courthouse, 73 West Flagler Street, Miami, Florida, on Wednesday, July 23, 1997, at 1:15 p.m.

APPEARANCES:

STANLEY M. ROSENBLATT, ESQ. SUSAN ROSENBLATT, ESQ. On behalf of the Plaintiffs HUGH R. WHITING, ESQ. JONES DAY REAVIS & POGUE On behalf of R.J. Reynolds

EDWARD MOSS, ESQ.

THOMASINA MOORE, ESQ.

ANDERSON MOSS SHEROUSE & PETROS

On behalf of Brown & Williamson

DAVID L. ROSS, ESQ.

GREENBERG TRAURIG HOFFMAN LIPOFF ROSEN & QUENTEL

On behalf of Lorillard

DAVID HARDY, ESQ.

and WALTER COFER, ESQ.

SHOOK HARDY & BACON

On behalf of Lorillard and Philip Morris

KELLY ANNE LUTHER, ESQ.

CLARKE SILVERGLATE WILLIAMS & MONTGOMERY

On behalf of Liggett and Brooke Groups

MARIE SANTACROCE, ESQ.

KASOWITZ BENSON TORRES & FRIEDMAN

On behalf of Liggett and Brooke Groups

MICHAEL RUSS, ESQ.

KING & SPALDING

On behalf of Brown & Williamson and American

Tobacco Company

JOSEPH R. MOODHE, ESQ.

DEBEVOISE & PLIMPTON

On behalf of The Council for Tobacco Research

JOSE MARTINEZ, ESQ.

MARTINEZ & GUTIERREZ

On behalf of Philip Morris

JEFFREY FURR, ESQ.

WOMBLE & CARLYLE

On behalf of R.J. Reynolds

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1 2 (The following proceedings were had outside 3 the presence of the jury:) 4 THE COURT: Okay. Have a seat. MR. RUSS: We have some preliminary 5 6 matters to take up. Could we excuse the witness? THE COURT: Oh, the witness is in the 7 8 room? If you will wait outside, I'd appreciate it. 9 (The witness exited the courtroom.) 10 THE COURT: Yes, sir? MR. RUSS: All right, Your Honor. 11 12 There are, I think, two principal preliminary issues 13 that we need to address before Dr. Houston's 14 testimony. 15 First of all, just as a housekeeping issue, 16 the plaintiffs gave us their exhibits for use with 17 Dr. Houston's testimony, and Plaintiffs' Exhibit 475 was a privileged document of Brown & Williamson that 18 19 was logged on our privilege log as No. 55, and it was not on the list of the 28 and, therefore, under 20 21 the representations of the plaintiffs that they 22 would withdraw all documents as to which we claim 23 privilege that were not on their designation of 28, 24 I understand that they will and do now withdraw 25 Plaintiffs' Exhibit 475. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

1 Is that correct? MS. ROSENBLATT: Yes, based on -- I have not independently verified that. Based on the representation that apparently those were on the 5 privilege log and those were apparently not available other than through the Brown & Williamson papers; in other words, those are documents that 7 8 were not available through any other litigation; 9 that was the only source. 10 MR. RUSS: It was stolen from us and it 11 was privileged, and we put it on our privilege log. 12 That's the representation. 13 THE COURT: The other problem is it 14 wasn't on the list of 28. 15 MR. RUSS: It wasn't on the list of 28. 16 THE COURT: The understanding of the 17 Court at that time was the only ones they were 18 concerned about was the 28 documents which they said 19 they would choose to use and have the Court review. 20 The rest they were waiving or at least giving up the 21 right to use it. 22 MS. ROSENBLATT: As to those where 23 privilege was asserted. There are many, many Brown 24 & Williamson documents where there is no privilege 25 asserted that we have listed and we are using, and COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

that was never a bone of contention. 1 I know Your Honor brought up the fact that 3 they were stolen and that may have an impact. You 4 know, that will be addressed separately. I don't think there's case law on that, but there's other 5 Brown & Williamson documents, but it gets a little 7 tricky because there are documents that were available from Brown & Williamson through other 8 litigation, and sometimes there's overlap. They may 9 10 have been among the ones stolen, but they are 11 nevertheless previously around and in the public 12 domain. They wouldn't fall in that --13 THE COURT: Prior to the fact they were 14 in the public domain? 15 MS. ROSENBLATT: Some of the documents 16 in litigation with Brown & Williamson -- I don't 17 think every single document stolen had never 18 surfaced before. There may be some that are -- you 19 know, I just wanted to know as far as counsel knew 20 if that was on the --21 THE COURT: Let's narrow this down. 22 You claim privilege on this particular document. It 23 was on the privileged list. It was not on the list 24 of the 28. 25 MR. RUSS: Correct. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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                 THE COURT: Therefore, it's not going
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   to be used.
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                 MR. RUSS: That's our position, and
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    that's correct.
                 MS. ROSENBLATT: I have not verified
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 6
    that.
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                 THE COURT: What do you mean you have
    not verified?
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                 MS. ROSENBLATT: I'd have to go back to
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    the office to the privilege log and check it, but I
    assume counsel did that, and I'm just stating that.
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                 THE COURT: If you ever find out
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    differently, you let me know.
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                 MR. RUSS: Plaintiffs' Exhibit No. 917
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    was a document that was No. 18 on the plaintiffs'
    list of 28, and under Your Honor's order of May 29,
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    you upheld our claim of privilege with respect to
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    that document and it's out of here.
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                 THE COURT: So be it.
                 MR. RUSS: So, it's withdrawn.
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                 MS. ROSENBLATT: With, you know, the
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    same comments regarding that.
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                 MR. RUSS: Now on to a separate subject
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   with respect to Dr. Houston's testimony. I want to
    renew an argument that was made earlier that you had
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not, I don't believe, definitively ruled on as yet, 2 and that deals with the issue of The Cigarette Papers, which is this book right here that's Plaintiffs' Exhibit 894.

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This book, The Cigarette Papers, is -- first of all, let me tell you what it's not. It's not a reprint of the documents that were stolen from Brown & Williamson. It's not a compilation of those documents.

This is a book that was written by 11 anti-tobacco activists, which on the cover sheet of it is a statement by Richard Daynard of the Tobacco Products Liability Project which is a consortium of plaintiffs' lawyers that deal with advancing anti-tobacco litigation.

We could prove through prior deposition 17 testimony that Mr. Daynard was in contact with 18 Merrell Williams who is the individual that stole our documents. He is quoted in this book that this book is not by any way, shape or form any sort of objective restatement of our documents. It's a commentary and anti-tobacco rhetoric piece which puts the plaintiffs' bar's spin on our stolen documents and our privileged documents.

> This book and others like it, Smoke Screen, COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

Ashes to Ashes and others that are also listed on the plaintiffs' exhibit lists are, first of all, classic hearsay.

Second of all, it's riddled with excerpts and quotations from our privileged documents and our stolen documents, and the use of this book and its counterparts by any expert witness would be a blatant evasion of the Court's order of May 29 limiting reliance on our privileged documents.

It would be a violation of our privilege and we object to this book or any like it based upon our privileged documents being relied upon by any expert.

In addition to that, Your Honor, in addition to that, this book and others like it are, under Florida law, absolutely not the kind of materials that may reasonably be relied upon by experts.

This is not a scientific treatise. It's not a medical recitation of scientific evidence. It's anti-tobacco rhetoric and spin.

In the deposition of Dr. Houston, when he was asked questions about what he relied upon as a basis for his opinions on tobacco company activities which he characterized as suppression, the documents that are relied upon, the single thing that he

quoted most frequently was this piece of advocacy. 1 It's our position, Your Honor, that because it involves our privileged documents, because it's not material to the nature that an expert may 5 reasonably rely upon, neither Dr. Houston nor any other witness in this case can rely upon this book 7 as a basis for any expert opinion, even if the 8 subject matter as to which they are testifying is 9 the proper subject of an expert opinion, as to which they have another issue that I believe will be 10 addressed by Mr. Moody. 11 12 I have authorities that I'd like to cite to 13 the Court on the legal issue of whether or not this 14 is, in fact, a proper subject for expert testimony. 15 One is the Cox case, if I can find it. One is the Department of Health and Rehabilitative 16 17 Services versus Cox, which is 627 So.2d 1210, and 18 that was a case in which the issue was much 19 different than our issue. It was an issue of 20 whether or not the constitutionality of the Florida Statute dealing with homosexual adoption, but the 21 22 evidence in that case sought to justify the 23 unconstitutionality of the statute consisted of 24 basically popular literature, unscientific 25 literature, which the Court said there was no COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

showing made as to the scientific basis for that literature.

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Typically material of a hearsay nature that an expert would seek to rely upon would attempt to be justified under 90.704. Under 90.704, the fact that it may not be admissible in evidence, nevertheless, has to be material to a type which is reasonable for experts to rely upon in their field of expertise.

This book and the other material like it, which Mrs. Rosenblatt is holding, does not meet the standard required for that.

I would cite the Court to Riggins versus Mariner Boat Works, which is 545 So.2d 430, where I know Your Honor is familiar with the concept that an expert cannot be used as a conduit to get into evidence that which is otherwise inadmissible.

In that case, in the Riggins case, the material was an autopsy report that could not be admitted into evidence because proper foundation was not laid.

Nevertheless, the expert witness, the toxicologist, got up and gave an opinion as to the 24 blood alcohol content of the deceased based upon that autopsy report which was hearsay, and the Court COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

said, and I quote, "The expert was rendering an opinion on blood alcohol content and was relying exclusively on information which was not in evidence at trial. The expert opinion only helped the jury to understand the inadmissible document rather than the evidence at trial."

If this witness, Dr. Houston, is permitted to give testimony relative to the testimony that he gave at his deposition based upon The Cigarette Papers, then he will be a conduit for this material which was otherwise improper, inadmissible hearsay, in addition to violating the privileges that we're entitled to maintain.

The other case that I'd cite to the Court would be Newall versus Best Security Systems, which is 560 So.2d 395, and the principle in that case is where the expert's opinion was based on unconfirmed data and the appellant failed to establish the underlying facts on which it was based, the trial Court did not abuse its discretion in refusing to admit the testimony.

This witness, as an expert, if what he testifies on is subject to expert testimony, can rely upon facts of which he has knowledge, can rely upon his own experiences. He cannot rely upon

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material such as that propaganda or rhetoric
    anti-tobacco treatise to bolster an opinion that he
    doesn't have any knowledge about.
            That would be improper. He would be serving
    as an improper conduit for inadmissible evidence and
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    he could be evading Your Honor's order of May 29.
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            We would request that no testimony by
    Dr. Houston -- the witness should be instructed that
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    none of the testimony can be based upon anything in
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    The Cigarette Papers or any of these other books
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    like this, and we would request that Your Honor so
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    rule.
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                 THE COURT: You want to do yours?
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                 MR. MOODHE: If I may, Your Honor.
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    Your Honor, the issue I raised at the end of the day
   yesterday remains very much a live issue based on
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   the documents that have been identified as potential
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    exhibits with this witness today.
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            As I mentioned to you yesterday, Your Honor,
    most of the documents on that exhibit list, and it
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    remains true, I would say, with the exception of one
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    now --
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                 THE COURT: Which witness list --
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                 MR. MOODHE: Dr. Houston this
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   afternoon.
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THE COURT: I didn't mean witness list.
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    Which document list are you talking about?
                 MR. MOODHE: Mrs. Rosenblatt gave us a
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    list of -- I believe it's now with the elimination
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    of these two documents 14 documents --
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                 THE COURT: Okay.
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                 MR. MOODHE: -- proposed to use with
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    Dr. Houston.
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                 THE COURT: All right. Of the 14 --
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                 MR. MOODHE: Of the 14, there is but
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    one that I believe an expert -- putting aside
    whether Dr. Houston is the right expert at the
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    moment -- could testify to that. The remaining
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    documents are basically internal memoranda or
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    letters or the like that are written in plain
   English about matters that are not of scientific or
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    medical subjects. They are completely
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    understandable by any juror.
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            Now, for Dr. Houston to come in and testify
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    about those documents would be a violation of the
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    rules as to what the expert is properly competent to
22 testify about.
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            As Your Honor knows, the purpose of an
24 expert is to allow the jurors to assist in
25 understanding some material that they otherwise
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might not be able to comprehend because it's too technical or too complex or it's beyond their ordinary comprehension. These documents don't fall into that category, with the exception of one.

What the Rosenblatts would like to do, I believe, is to let Dr. Houston usurp the role of the jury and opine that these documents demonstrate some sort of fraud or scam or other wrongdoing by the tobacco companies, by CTR, by TR. That is an issue for the jury.

In this courtroom, there's only one expert as to whether facts prove fraud. That's the collective wisdom of the jury. It's not the stuff an expert is needed to testify about.

Now, I think when Your Honor looks at these documents, you can see that they are perfectly understandable by the jury. They are written in plain English. They are written about who said what to whom on what occasion. And I'd be happy to show the documents to Your Honor. Perhaps we can do that simultaneously while we are discussing whether or not they are admissible as evidence in the case itself.

But just to give Your Honor some authority, the Fourth DCA case of Seropian v. Forman, which is COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- published at 652 So.2d 490, made this point quite plainly. There the District Court of Appeals said where it's presented with an expert who came in and analyzed three memos which were written in plain 5 English and opined upon whether or not they were defamatory or whether or not they proved that 7 tampering was occurring, the Court said, "Even 8 though in this case the witness was qualified as an 9 expert on public opinion, special taxing districts, and the political process generally, we do not agree 10 that he was, therefore, qualified to translate -- in 11 12 the same way that linguists might do -- the subject 13 letters for the jury." 14 In other words, what the Court found was 15 that the jury was perfectly competent to read as it described the common ordinary words in the three 16 17 letters that were presented as evidence. 18 That's exactly what plaintiffs' counsel 19 proposes to do with Dr. Houston, and that would be 20 an abuse of the evidentiary rules to allow a witness 21 to be a conduit for, A, what documents may or may 22 not be admissible to get to the jury but, B, to base
 - documents. That's the role of the jury.

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opinions -- to offer opinion testimony about the

meaning, the significance, the role of those

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Now, unfortunately in this case, the problem has been exacerbated by the way the case has been tried. Ordinarily, Your Honor, when we have expert testimony, you have a factual record before you. Generally the order of proof is you put your fact witnesses on, you put your evidence in, then your expert comes in and testifies about it.

Here we had nothing so far but expert testimony, and there's precious little we have by way of fact witnesses in this case. There's precious little, I believe, that's going to come in on these matters as admissible evidence.

You cannot allow this case to proceed in a way that is going to prejudice the defendants that can't be cured when experts are allowed to testify about these matters that are otherwise inadmissible and that are going to be impossible to purge from the jurors' minds once they've heard that.

In that case, in the Fourth District case, it was held to be reversible error to allow that sort of expert testimony in. And I submit, Your Honor, that in this case, particularly where we have no factual record at all to evaluate whether or not any opinion by Dr. Houston on these matters would be admissible, it's improper to proceed.

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1 THE COURT: Okay. 2 MS. ROSENBLATT: Addressing The Cigarette Papers first, although listed as an exhibit, we do not intend through this witness to introduce this as an exhibit. We hadn't listed it. 5 And Dr. Houston is the director of the Department of 7 Preventive Medicine and Public Health for the 8 American Medical Association and has been 9 functioning in that capacity which deals primarily with issues of tobacco and health on behalf of the 10 11 American Medical Association and its members 12 throughout the United States for approximately, I 13 believe, seven or eight years, many years prior to 14 the time this book was published. 15 Dr. Houston will testify that he has 16 independent -- he relies on his education, training, 17 experience, and his opinions are in no way dependent 18 upon The Cigarette Papers. The Cigarette Papers is 19 a compilation of information, including environmental tobacco smoke. And he did read this 20 21 book and it has a foreword by former U.S. Surgeon 22 General C. Everett Koop, who obviously doesn't agree 23 with defense counsel here, and believes it's an 24 excellent book and people read it to understand what is going on in the industry on issues of smoking and COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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1 health. It has favorable reviews from the CEO of the American Cancer Society, John Seffrin; from the executive vice-president of the American Medical Association, Dr. James Todd; from the former 5 secretary of Health, Education and Welfare, Joseph 7 Califano, Junior; from Henry Waxman, and of course, 8 from Dr. Koop. And there are many, many things 9 experts rely on, and certainly an individual who is a public health official on behalf of the American 10 Medical Association who has independent knowledge of 11 12 what is contained in this book also read this book. 13 I mean, I could play the fiction of saying, 14 well, he will totally erase everything he ever read 15 in this particular book. Whether that's possible or not, I can't really say. I don't think this adds 16 17 very much to what he already knows and he was -actually, because of his expertise, he explained and 18 19 I learned for the first time today he was sent 20 drafts of this to even review before. 21 He's knowledgeable about it. They wanted 22 his input. So, independent of this book, he's 23 extremely knowledgeable. The Journal of the 24 American Medical Association had an entire issue, and that certainly is something physicians can rely COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

on, talking about some of the evidence that came out through the Brown & Williamson papers.

That was, I believe, in July of '93 -- '94. Prior to the time this book was written, there have been numerous reports, scholarly, very definitive reports in the Wall Street Journal, in the New York Times with facts about the Council for Tobacco Research, many things experts rely upon.

So, in answer to The Cigarette Papers, it may be a moot issue, because the expert has independent knowledge. This is his area of expertise. His entire career has been devoted to this area. He doesn't need The Cigarette Papers to form any of his opinions. He mentioned it because he said it's all here.

He even said at one point, you know, if the jury read the chapter on ETS, they would understand what the science says and what is there. It's very good and it's well written. That was his opinion.

And he mentioned The Cigarette Papers, but about a third of his deposition relates to his experience as a public health official with the Council for Tobacco Research, publications from the Council for Tobacco Research, the distortion of medical research and the position of the tobacco

companies in his experience as the director of the Department of Preventive Medicine and Public Health of the American Medical Association.

So, I feel, number one, there's nothing wrong with an expert having reviewed, in the course of his career, a book that was written, by the way, by physicians, Ph.D.s, Stanton Glantz. And Dr. Glantz did not want to be an expert here because he's objective, he will not be partisan, he will not testify and he has not testified in any case on behalf of plaintiffs.

His position is anti-tobacco simply because that's where the facts are and that's how he believes it. And John Slade is a physician who is not an expert here, and there are other Ph.D.'s that wrote this. This is hardly a compilation, and as counsel, said it's not simply a compilation of Brown & Williamson documents.

So, we feel, one, it's perfectly appropriate for any expert, among many other things, to have reviewed this book and, number two, independent of this book, this expert can state his opinions, and it's not dependent upon anything in The Cigarette Papers.

Now, in terms of the -- and I think we went COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

from 60 some odd documents to now 14, and they're still complaining. I think six were revealed to them in a booklet that was sent to our experts about five or six months ago, which they all had, and so every defendant has known about them for a long time

 I disagree. I think that the documents relate to the Council for Tobacco Research and deal with areas of grant programs, because the Council for Tobacco Research purports to be an independent grant program, and it also purports to do appropriate and objective scientific research on issues of tobacco and health.

And I think they don't speak for themselves. I think an expert is needed to explain based upon his experience, training in the field and his position with the American Medical Association whether appropriate scientific research methods are presented within these documents, whether statements within these documents are scientifically found, whether they are appropriate, whether the grant program is appropriate based upon his knowledge and experience.

How would the juries know that? I think that's the subject for expert testimony. And for COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

example, the apparent very, very heavy involvement of attorneys, the special projects division, this is all -- the expert knows that independent of these documents. These documents reflect that.

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I mean, whether or not these documents are in evidence, he has independent knowledge of all of these factors, but I think that when these documents 8 are presented, it's important to have an expert 9 explain whether or not these are sound principles in medicine, whether this is appropriate for a grant 10 program, whether in a grant program an industry 11 should be directing how research is done, the AMA's position on that. I think that's all within our fraud count, and I think he, more than anyone, is appropriate to testify as to that, and that's his 16 particular expertise.

And I think, Your Honor, if you had any question, if you asked the witness, he could explain his background and why he is suited to explain what is in some of these documents, and there's very few that are really left that are in dispute now.

THE COURT: I haven't seen the documents, so I guess I'll have to review those if you give me a packet of that. Let's go back to the initial issue of the book, The Cigarette Papers.

Plaintiff indicated to me that Dr. Houston
has independent knowledge that he gleaned prior to
the publication of that book. I don't consider the
book to be a learned treatise which is acceptable to
the Court. It's just a book. It may be a very
interesting book, may be a very profitable book, may
be a very knowledgeable book, but it isn't the kind
of thing I would admit into evidence for that
purpose.

I think if you go ahead and talk to Dr. Houston about his independent knowledge, that's one thing, without making any reference to the book. That would be fine. So, I'll grant the motion on the part of the defense on that regard.

As far as the other documents are concerned, I would have to look at the documents before I could make that determination. It just seems to me that he could even make that comment and those comments regarding the processes that we're talking about and all that sort of thing without making any reference to the documents. I don't think it's necessary for that purpose, but I haven't seen the documents.

If, as counsel says, it's a fact that it is not a question of scientific review and it's not necessary to explain the science of it all, then it COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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may be moot and may not be, but I don't know that.
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    So, I think we'll just progress along, and if that
    issue comes up -- meanwhile, I'll take a look at the
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    documents.
                 MR. MOODHE: If I could just make one
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    additional point. Mrs. Rosenblatt, during the
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    course of her argument, said ask the witness.
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                 THE COURT: I'm not to going ask the
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    witness.
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                 MR. MOODHE: The witness was asked that
    question, Your Honor, during his deposition, and he
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    said the documents speak for themselves.
                 THE COURT: I don't know what he means
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    the documents speak for themselves as we understand
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    it in legal terms or whether he understands it in
    scientific terms. I don't know the difference
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    between what he thinks and what we think, but there
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    is a difference between the two fields.
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             It may become important, I don't know. But
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    in any event, I have to see the documents before I
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    can make any decision.
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                 MR. WHITING: Your Honor, may I be
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    heard on one point?
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                 THE COURT: Yes, sir.
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                 MR. WHITING: I think this goes to the
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question of whether or not this is a proper subject 2 for expert testimony. What I just heard plaintiffs say is that they want to have this witness, who is a physician certified in family practice who has 5 worked for the AMA for a period of years who, as far as we know, has never had any involvement in funding or societies or anything of the like that speak to 7 8 whether or not a grant program is appropriate or 9 not --

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THE COURT: Let me cut this short. There has to be a foundation and predicate laid. I don't know what it is; you do. I don't know. But in order for him to get into that area of expertise, yes, they have to lay a foundation to that.

I question in my own mind, before I talked to you folks, what is it he's going to testify about and what is his expertise in the field. If he's the head of the AMA and he's a physician, that's one thing.

But if he's somebody that's going to be talking about protocol and processes and procedures and grants and things of that nature, because that's what he does, that's something else. I don't know that to be so, so they are going to have to lay a foundation, I agree with you. But I don't know what COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

1 it is until I hear it. MR. WHITING: I was trying to make the additional point that there's no specialty, no 4 expertise in this area. THE COURT: Maybe there isn't. I'm not 5 6 surprised at anything anymore. I knew one fellow in 7 one trial one time came up as an expert in radiator caps. He testified that if you tighten it down and 8 don't loosen it up, it's going to build pressure. 9 It happened to be very interesting. If you don't 10 loosen it, the pressure isn't going to be released. 11 12 So, there are experts in every field. So, 13 we'll see. 14 MR. RUSS: Can I make sure I'm clear on 15 the Court's ruling? The Court is precluding reliance upon The Cigarette Papers, and that would 16 17 include the condensed version of this which was 18 published in a JAMA article in July 1995 which is 19 basically the same thing published in a condensed version by these same authors who, by the way, 20 Professor Glantz is not a physician. I think he's a 21 22 mechanical engineer. But anyway, all of the 23 documents --24 THE COURT: Precluding reference to The 25 Cigarette Papers. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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MR. RUSS: And the articles in JAMA,
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    which are basically the condensed version of this,
    and that's another exhibit.
                 THE COURT: All right. Bring in the
 5
    jury.
 6
            This is going to take a few minutes.
 7
                 MR. MOODY: Can I understand how we're
8
    going to proceed in this matter?
                 THE COURT: Let me see the documents
9
10
    first.
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                 MR. MOODHE: Just for your information,
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   it is Exhibit 439 that I believe is the type of
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    document on which an expert can opine.
14
                 THE COURT: Let me look at that, if I
15
   can find that. The rest are going to take some time
16
   to read it, I guess. I sure wish I had these
17
    documents the day before.
                 MR. MOODHE: Your Honor, we just got
18
19
    advised of them eleven o'clock this morning.
                 THE COURT: I'm not reading them now.
20
21
    What I'm doing is skimming them to see basic
22
    content.
23
            There's one here I can hardly read the
24 handwriting.
25
                 MR. MOODY: That's the best copy we
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1
    have available.
                 THE COURT: About when in the course of
3 events are we going to get into these documents,
 4
    these in particular?
                 MR. ROSENBLATT: Late. Certainly we
 5
 6
    will --
 7
                 THE COURT: Early or late?
                 MR. ROSENBLATT: We will certainly have
8
9
    a break, I would think.
10
                 THE COURT: Because I'll need to read
11 some of this stuff.
            All right. Let's bring the jury out.
12
                 THE BAILIFF: Bringing in the jury.
13
14
    Jurors entering the courtroom.
15
            (The jury entered the courtroom and the
16 following proceedings were had:)
17
                 THE COURT: Good afternoon, folks. As
18 hard as we try, we never get on time. But be
19
    advised that we were here working at this point.
20
    And as I said, we take advantage of the fact that
    you are outside the courtroom to get some of the
21
22
    work done we need to get done, and it makes it
23
    difficult for you, I understand that.
24
            You are wondering what in the world are they
25 doing in there; don't they know we are here? But we
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- 7168 are doing the best we can, and we're all aware of 1 that situation so please be advised we can't help it at this point. 4 I think we are about ready to proceed if you 5 will call your next witness, please. MR. ROSENBLATT: Dr. Thomas Houston. 6 7 WHEREUPON 8 THOMAS HOUSTON, Ph.D., having been first duly sworn, was examined and 9
- 10 testified as follows:
- 11 DIRECT EXAMINATION
- 12 BY MR. ROSENBLATT:
- 13 Q. Okay. Dr. Houston, would you please tell 14 the jury your full name and your present
- 15 professional address?
- A. I'm Dr. Thomas Price Houston. I'm director 16 17 of the Department of Preventive Medicine and
- 18 Environmental Health at the American Medical
- 19 Association in Chicago.
- Q. Now, yesterday, for example, the jury heard 20 21 from two witnesses who were Ph.D.s. You are an
- 22 M.D.?
- 2.3 A. That is correct.
- 24 Q. A medical doctor. Okay. What I plan on
- doing is eventually bringing you up to date as to COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

when you began with the American Medical Association 1 and what your function is there, but let me start at the beginning in terms of your educational 4 background.

You received your undergraduate degree in biology and chemistry from the University of Mississippi?

A. Yes.

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- And tell us where you went to medical school 9 and in what year you got your M.D. degree. 10
 - A. I got my degree in medicine from the University of Mississippi in 1977 and did a residency in family medicine at the University Hospitals there in Jackson, was chief resident and left the program in 1980 after which I was in solo private practice for a year in a small town south of Jackson and then began a career of academic family medicine in a variety of university settings.

I started at the Ohio State University, went to Northern Georgia as part of the University of Georgia system in Rome, Georgia, where I was associate director of a family medicine teaching 23 program, and then went to the University of Kansas in Wichita where I was residency director in family medicine and associate professor of family medicine.

- I left there in 1990 to come to my present position 2 at the AMA.
- Q. Okay. Now, in terms of your residency to become a specialist in the field of family medicine, how many years was that residency program?
 - A. Three years.
- Q. What is the definition of family medicine?
 A doctor who is a specialist in family medicine does what?
- 10 Well, family medicine is a specialty that is 11 the chief of the generalist specialties. That is, 12 we don't make distinctions among the patients we see 13 based on their gender or their age, and are the 14 specialty that most people think of when they think 15 of Marcus Welby in taking care of a broad spectrum of patients both in the office and in the hospital, 16 17 in nursing homes and home visits and the broad base 18 of American medicine.
- 19 Q. So, family medicine would include little 20 children through very old age?
- A. Sure. We take care of people from the time they're born until the time they're buried and everything in between.
- Q. Are you board certified in the field of family medicine?

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1 A. I am.
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- Q. And what year did you become board certified?
- A. In 1980, and then was recertified twice since then.
- Q. Now, in your present position as director of the Department of Preventive Medicine, when did the field of preventive medicine -- I'm going to say become popular. I don't really mean become popular, but when it became fairly well known and doctors started to choose that as a specialty?
 - A. Preventive medicine actually is a fairly small specialty from the point of view of numbers of people who practice it. I believe it's been certified by the American Board of Medical Specialties for 15 years or so. I don't remember the date exactly that the college was started.

And physicians in preventive medicine do a lot of work, just like the name sounds, in health promotion and disease prevention, in occupational medicine and aerospace medicine and other related branches that deal more with large population groups as opposed to individual patients.

24 Where that name comes into the department 25 title that I have with the AMA is more really a COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE bureaucratic function of the AMA as opposed to
designating that people working in it have degrees
in preventive medicine, but it's more a function of
what our department does with regards to educating
the public and physicians about a variety of
subjects that deal with preinvestigation with
environmental health and other issues such as that.

- Q. Okay. Now, according to your resume, your curriculum vitae, it mentions you are a fellow of both the American Academy of Family Physicians and the American College of Preventive Medicine. What does it mean to be a fellow in those organizations?
- A. It means that one has achieved a level of distinction by education or by achievement in those particular disciplines to be nominated for and be elected a member or a fellow of those colleges.
- Q. Your curriculum vitae makes mention of your tobacco control, smoking cessation activities. First of all, tell us, the concept of smoking cessation means what?
- A. The concept of smoking cessation means the ways that people stop smoking. In other words, people who begin to smoke can stop smoking and we, as physicians, do everything we can to facilitate that process and to make it easy for people to stop.

And in that context I have spent a good deal of time studying that particular subject in helping people understand the nature of tobacco use and how to quit, including educating the public about this, doing research on smoking cessation and how that works and how it is that people begin smoking and what factors lead to their ability to stop and educating doctors about how they can help their patients stop smoking.

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- Now, is this generally in a doctor-patient relationship where a patient expresses a desire to stop smoking and can't without help, or is it the kind of situation where the doctor simply tries to persuade a smoker to quit on general health principles?
- 15 It's some of both. In general, we have come 16 Α. 17 to the conclusion that in every encounter with 18 people who smoke, it's the duty of the physician to 19 bring up smoking as one of the chief avoidable 20 causes of illness and death and to remind the 21 patient of this fact and to say to the patient, in 22 effect, as your doctor, the most significant step 23 you can make in improving your health would be to 24 quit smoking. Do you want to stop? And help the patient go through the steps that would allow him or COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

her to quit smoking and in general promote that behavior within the office.

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But another part of that is general education of the public about smoking, about its hazards, about the consequences of tobacco use and encouraging the public generally to stop smoking.

- Q. Why is that considered so important?
- 8 A. Well, cigarette use and tobacco use is the 9 leading cause of death in America. Over 400,000 people every year die from tobacco-related diseases. 10 And as much as we can, preventing death from 11 12 avoidable causes -- not that everybody in this room isn't going to die, but preventing death from 13 14 avoidable causes is something that we feel is very 15 important.

If one dies 10 or 15 years early, prematurely, and expends a lot of grief and money and personal family tragedy, if we can prevent that, then we should be all about that business, and that's what preventive medicine helps do.

- Q. For how long a time have you been involved directly with tobacco controls, smoking cessation, 23 general issues relating to the subject of smoking and health?
- Nearly 20 years. I began my work in that 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

area as an interest in my residency program.

- Q. Now, in terms of your present position as director of the Department of Preventive Medicine and Environmental Health within the American Medical Association, how much of your time or how much of your focus is devoted to smoking and health issues?
 - A. I'd say about half my time.

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8 Q. It's mentioned here in your resume that you 9 are one of about 12 faculty designated by the 10 National Cancer Institute in their national training 11 that train a series of seminars in smoking 12 cessation.

Could you explain that?

A. A few years ago the National Cancer Institute developed a series of training materials and other sorts of products that were designed to help doctors understand smoking better and help them do a better job of smoking cessation in their practices.

It was decided that the best way to get this information out to doctors was to train a group of physicians who would then go out to their local hospitals and medical societies and train other doctors.

So, I was asked by the National Cancer COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- Institute to be one of the small groups that would do the training sessions for people who would then go back to their hospitals and local medical societies and train a wide number of doctors. And I and 12 or 15 other physicians did this for a number of years for that National Cancer Institute. That program now has stopped, and I suppose the last one of those lectures I did was about a year and a half ago.
- Q. You were awarded the Surgeon General's medallion by then Surgeon General C. Everett Koop in 12 1988.

What was that in recognition of?

A. In 19 -- let me get the years straight. In 1978 I first began working with an organization known as Doctors Ought to Care, which is a physician advocacy group on tobacco control, and I became one of the three individuals who were national leaders of that organization.

It achieved a lot in public education in educating doctors about potential issues related to smoking and in bringing medical societies, organized medical groups to understand more fully the problems of tobacco and health and how the damage due to tobacco's effects on health could be affected by the

involvement of doctors and the involvement of medical societies in looking at how tobacco influences health.

For a period of eight or ten years, I suppose, we worked very hard at this particular issue, and Dr. Koop recognized the three of us that had formed this organization with this particular award, which is the highest award that the Surgeon General gives.

Q. Now, Dr. Houston, what do you say to those people who say, you know, look, this is a free country, people can smoke or they can't smoke. Why is it really your business?

Why do you get involved?

A. Well, that's an interesting point. A lot of people make a good deal of the choice to smoke and the right to smoke without understanding that the choice to smoke is made by people who are 14, not by people who are basically 30 or 40.

MR. WHITING: Objection, Your Honor.
MR. COFER: Objection, Your Honor.
THE COURT: Overruled.

23 BY MR. ROSENBLATT:

- Q. You can continue your answer.
- 25 A. So that the reason, the reason it's COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

important to do this education and to try to change 1 the attitude about smoking is the realization that most people who smoke, most adults who smoke, have begun when they were children and began before they had a true understanding of the consequences 5 ultimately of their choice to smoke when they were 7 14. 8 If somebody at age 20 wants to begin smoking and fully understand the consequences of his or her 9 actions, that's a choice that an individual should 10 have in our society. 11 12 However, most smokers don't make that choice 13 at age 20 so that education of the public and 14 particularly of young people and of those who influence young people is critically important in 15 this. 16 17 Q. No, Doctor, in going through some of the 18 presentations that you have made before audiences of 19 physicians either nationally or internationally 20 which is contained in your resume, one topic that 21 you list is --22 MR. COFER: Excuse me, counsel. 23 There's some problem with the feedback with the 24 microphones. THE COURT: Whose mike? I'll cut down 25

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the witness's microphone. Try it now and see what
1
    happens.
    BY MR. ROSENBLATT:
 4
       Ο.
           As I say, one of those presentations in your
    resume, the title of which you apparently delivered
 5
    in Argentina, "Official Misuse of Tobacco Industry
    Documents: A Trojan Horse Uncovered, " what was the
 7
8
    subject of that presentation and why did you choose
9
    that topic?
10
                 MR. COFER: Excuse me, counsel. What
    page are you on on the C.V.?
11
12
                 MR. ROSENBLATT: Eight. It's the third
13
    from the top. Third down from the top.
14
      A. That particular presentation was an account
15
    of the State of Kansas and in their defense of a
    claim by a prisoner in their state system to be
16
17
    protected from environmental tobacco smoke in his
18
    cell.
19
                 MR. COFER: Excuse me, Your Honor.
    This is hearsay. He's talking about how the State
20
21
    of Kansas defended some unrelated lawsuit and the
22
    positions they took, and I think it's irrelevant.
                 THE COURT: I'm not sure how far he's
23
24
   going into it.
25
                 Did you have some connection with this
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1
    matter?
2
                 THE WITNESS: Yes, sir, I did.
                 THE COURT: In what regard?
 4
                 THE WITNESS: I was asked by the
5
    plaintiff's lawyer to review material that was
 6
    submitted in the case to determine where it came
7
    from and what its validity was.
                 MR. COFER: Your Honor, in addition to
8
9
    hearsay, relevance objection.
10
                 THE COURT: Well, it just goes into his
11
    background, his expertise in the field, not getting
12
    into the substance of what he found.
                 MR. COFER: My concern is he was
13
14
    describing it.
15
                 THE COURT: I understand. A certain
16
    amount of hearsay is admissible in expert testimony.
17
                 MR. COFER: I understand.
                 THE COURT: Okay. We haven't gone that
18
19
   far afield.
20
    BY MR. ROSENBLATT:
21
       Q. Just in general, you know, at this point,
22 Doctor, I want you to say the purpose of the
23 presentation and the topic.
24
      A. The purpose of the presentation was to point
    out that, oh, well meaning attorneys or other folks
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involved in tobacco issues need to scrutinize very
    carefully the sources of information they get and
    that the information may not be all that it appears
 4
    to be.
 5
      Q. If it comes from the tobacco industry --
                 MR. COFER: Objection, argumentative.
 6
 7
                 THE COURT: Sustain that at this point.
8
                 MR. COFER: Thank you.
9
    BY MR. ROSENBLATT:
10
      Q. Well, the title is "Official Misuse of
    Tobacco Industry Documents." What were you saying
11
12
    about tobacco industry documents in this talk?
                 MR. COFER: Your Honor, same objection,
13
14
    and now I think we are going beyond the witness's
15
    background and what happened into the substance of
    the hearsay. It's unrelated, irrelevant and
16
17
    hearsay.
18
                 THE COURT: Let's have a talk about
19
    that sidebar.
20
            (Counsel and the court reporter approached
21
    the bench, and the following discussion was held
22 outside the hearing of the jury:)
                MR. COFER: Here's where he's going
23
24 with this. Here's where he's going: He testified
    in his deposition that the State of Kansas, in
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defending a prisoner case where a prisoner was 1 claiming he breathed secondhand smoke, adopted some materials from a brief in Australia that has nothing to do with this case. It happened in Australia. 5 It's legal arguments that the attorney general for 6 the State of Kansas chose to use. 7 That's what he's going to try to suggest; 8 that the State of Kansas was somehow duped in that 9 they received materials from either -- I think the doctor says my law firm or Covington & Burling; that 10 they didn't know the source and slipped it into 11 their brief and, gee, weren't these people 12 13 manipulated and fooled. 14 It has nothing to do with this case. It's 15 prejudicial, it's hearsay, it's argumentative. 16 MR. MOODHE: Also, Your Honor, we are 17 getting into the very area that plaintiffs' counsel 18 represented they were going to defer to the end of 19 the case. This doesn't have anything to do with 20 this witness's expert opinions in the area of 21 preventive medicine and ETS causation, which he is 22 principally a witness on. We are slipping --THE COURT: Let me see what he's 23 24 talking about. 25 MR. COFER: Right here. Even the

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title, "Official Misuse of Tobacco Industry
1
2 Documents: A Trojan Horse Uncovered, " I mean, that
    in itself is argumentative. It's designed to
    prejudice the jury.
                 THE COURT: Not necessarily.
 5
                 MR. ROSENBLATT: I don't think when he
 6
 7
    wrote this he was trying to prejudice the jury.
                 THE COURT: Let me see if I understand.
8
9
    These are articles he wrote?
                 MS. ROSENBLATT: Yes, presentations.
10
11
                 MR. COFER: In Argentina.
                 THE COURT: Let me see what he says.
12
13
    He spoke, and this is the subject matter of his talk
14
    and in that talk he talked about the Kansas case?
15
                 MR. COFER: Yes.
                 THE COURT: Only them?
16
17
                 MR. COFER: I don't know if he talked
18
    about it only, but that's what he testified in his
19
    deposition. The State of Kansas and having to be
20
    careful the source of the information that you get
21
    from the tobacco companies.
                 THE COURT: Okay.
22
23
                 MS. ROSENBLATT: This is part of his
24
    expertise in April of '92. It was before we even
    had the arguments on whether it could be a class on
25
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April 16 of '92. It was the first few months this 1 was filed. Part of his expertise, part of his 4 background, experts rely on hearsay all the time. 5 He's going to explain his position on the presentation he made, and it's not coming in for the 7 truth. It's just coming in for part of his 8 background and experience. 9 MR. COFER: Here's the problem: It's 10 the prejudicial/probative value. They have established his qualifications as a physician. They 11 12 have established he's head of preventive medicine. 13 Obviously he has strong feelings about smoking and health. He's taking positions around the world on 14 15 smoking and health relating to incidents that have 16 nothing to do with this case. 17 They are trying to back door irrelevant, 18 unrelated incidents of smoking and health and his 19 lectures, particularly in front of jury, to particularly say aren't these people bad people. 20 21 MR. WHITING: Your Honor, may I add one 22 thing? Plaintiff is saying he's an expert; this is 23 part of his expertise. There has been nothing in 24 his credentials that has indicated he has any 25 expertise in evaluating documents and determining COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

anything about that. He is a practitioner in family 1 medicine. He has years of academic training in family medicine. There's nothing that has qualified 4 5 THE COURT: That's what he wanted to 6 bring out, that he had some expertise in the field 7 of ferreting out this information. If that's what 8 his curriculum vitae shows and that's part of his experiences, well, let's hear about it. 9 MR. MOODHE: Your Honor, I don't think 10 there is such a thing as someone who is an expert in 11 12 ferreting out information, which is basically what 13 they are trying to say. 14 THE COURT: It may be his job, as far 15 as I know. MR. MOODHE: His expertise is as a 16 17 medical doctor. If he wants to comment on medical 18 and scientific information --19 THE COURT: There are a lot of medical doctors, I would assume, that have expertise in 20 21 certain fields. They may be called upon to look at 22 other things to see if those things comport with 23 expected medical standards, okay? 24 In that regard, he may be ferreting out 25 false information, misleading information and other COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- things, and he becomes an expert in this kind of 1 thing. I don't know. He hasn't talked about it. We'll find out if he does. If that's part of his job or secondary or an adjunct part of his job, so be it. And if he's 5 6 lectured and given talks on it, that makes him more of an expert than I am, so we'll find out. 7 MR. MOODHE: We are slipping into him 8 9 interpreting the evidence. 10 THE COURT: He didn't say anything 11 about what he found yet or anything else. But if 12 that's part of his job to ferret this stuff out, we'll find out if there has been any misleading or 13 14 false information being produced, so be it if that's 15 what he does. (The following proceedings were held within 16 17 the hearing of the jury:) 18 BY MR. ROSENBLATT: 19 Dr. Houston, you became the director of the Q. Department of Preventive Medicine and Environmental 20 21 Health at the American Medical Association what year? 22 23 A. 1990. 24 Q. And you have maintained that position ever 25 since?
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- 1 A. Yes.
- Q. Now, in that capacity, do you have occasion to study the public positions that various tobacco companies take with respect to legislation, take with respect to what they say to the public about Surgeon Generals' reports, the report of the Environmental Protection Agency and that kind of thing?
 - A. I do.

- Q. And is it part of your function to zero in on representations made by the tobacco industry to the public which you considered to be unscientific and which you consider to be misleading?
- A. Part of my function is to try to understand the forces that impact on tobacco consumption and part of that has to do with the way the tobacco industry represents its products, the way the tobacco industry influences public policy and the way that the scientific process is affected by a variety of issues including the tobacco industry.
- Q. And how, in your opinion, has the scientific process been affected by the public positions that the tobacco industry has taken on issues relating to smoking and health and secondhand smoke?

MR. COFER: Excuse me. Objection.
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This is not a proper subject of expert opinion nor 1 has this person been qualified, even if it were, to give his opinions. THE COURT: I think he just answered the question, that that was part of his function. 5 6 That being part of his function, then I think it's 7 appropriate. 8 Overruled. BY MR. ROSENBLATT: 9 10 Q. You may answer the question, Doctor. 11 A. Could you repeat it? 12 (The above-referenced question was read back 13 by the court reporter.) 14 THE WITNESS: Well, that's a long story 15 that goes back many years in relating to how the tobacco industry has responded, for example, to the 16 17 release of Surgeon Generals' reports to reports of 18 the adverse effects of the smoke and health in the 19 literature and in reports about that in the public 20 press and in the way the tobacco industry has 21 approached through research funding as well as 22 through harassment of legitimate scientists of the 23 whole issue of tobacco. 24 Over the years, a variety of scientific 25 reports have been released about tobacco and health, COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

the most famous of them and the one that people think about the most probably are the Surgeon Generals' reports that go back to 1963-64 and those have been greeted almost uniformly by the tobacco 5 industry as being dismissed saying, well, that's all very interesting but we need more information; we 7 really don't know what causes cancer; we really 8 don't know what causes heart disease; nicotine isn't 9 addictive, and we need more research.

10

11

12 13

That's been the public posture of the industry for a decade, and it hasn't changed as far as I can tell recently with one exception of the Liggett company.

14 The industry has positioned itself in the 15 public as creating with its own witnesses at hearings and its own stories that over the years it 16 17 has arranged to be placed in the popular press that 18 there really is a great amount of controversy in the 19 scientific community about the effects of the 20 tobacco on health; that smoking doesn't really cause 21 lung cancer; that there are all manner of other 22 things in the environment and in diet and other 23 things that one must take into account when it comes 24 to the effects of tobacco on disease. The way the industry has positioned itself in the public, in COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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newspaper advertising, in magazines and as I said in
 1
    approaching research, is that in 1954, for
3
    example --
 4
                 MR. COFER: Excuse me, Your Honor, and
 5
    I apologize for interrupting, Dr. Houston.
 6
                 THE COURT: I can't hear you.
 7
                 MR. COFER: Excuse me, Your Honor. I
8
    was apologizing for interrupting.
9
            At this point with this narrative response,
    there is no way I can interject appropriate
10
    objections. I'd ask that we return to the judicial
11
12
    format of questions and answers rather than the
13
    lecture format of a witness that I don't believe is
14
    qualified.
15
                 THE COURT: If it happens to be part of
    the answer, that's a different story. He asked how
16
17
    has it changed, so it sort of calls for an --
                 MR. ROSENBLATT: My question was quite
18
19
    broad.
20
                 MR. COFER: My problem is the question
21
    was five pages ago, and I'd like an opportunity to
22
    listen to specific questions and interject
23
    objections as appropriate.
24
                 THE COURT: That may not necessarily be
25
    possible.
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MR. COFER: Object to the narrative
1
2 response.
3
                 THE COURT: Objection overruled.
 4
    BY MR. ROSENBLATT:
 5
     Q. You can continue your answer, Doctor. You
 6
    were talking about 1954.
 7
       A. As I said, it's a long answer because it's a
8
    broad subject that goes back that far. In the
    1950s, for example, 1954, the tobacco industry put
9
    in newspapers and magazines a statement, which to
10
    the American people, in response to the first big
11
12
    studies on lung cancer in men, essentially said we
13
    want to get to the bottom of this too; we are
14
    interested in the health of the public; we are a
15
   responsible set of companies; we want to find the
16 answers and we will do research that will get to the
17 bottom of whether tobacco causes lung cancer and is
18
    associated with any other problems.
19
            Since then --
20
                 MR. COFER: Excuse me, Your Honor.
21
    Again, Doctor, I apologize for interrupting you.
22
            May we have a sidebar, please?
23
            (Counsel and the court reporter approached
24 the bench, and the following discussion was held
25 outside the hearing of the jury:)
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MR. COFER: Your Honor, at this point
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2
   the doctor --
3
                 MR. ROSENBLATT: If at first you don't
 4
    succeed, I mean --
 5
                 THE COURT: Counsel --
                 MR. COFER: Tell me when you are
 6
 7
    through with interrupting and I'll continue.
8
                 THE COURT: Don't interrupt.
9
                 MR. COFER: At this point the witness
10
    has now become a historian as well. He's talking
    about what happened in 1954, the intent of 1954. He
11
12
    hadn't even gone to medical school then. He didn't
    start college until 1969. What they are doing is
13
14
    using this witness, because he works for the AMA and
15
    all, to get all this hearsay in. He has no
    firsthand knowledge.
16
17
            We had the big argument over The Cigarette
18
    Papers and all this anti-tobacco that plaintiffs
19
    want to bring in to cover with this jury. This
    witness does not have personal knowledge, it's
20
21
    hearsay, and that's why I object to this narrative
22
    response because they say, well, gee, what have they
23
    done, and they wind him up and let him go.
24
                 THE COURT: I don't have any problem
25
    with somebody giving a little history lesson. There
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are people who are experts in the field of ancient
1
    history who aren't alive, but they still know all
    about it, so I don't have any problem with that.
 4
            I really don't want him to go on and on and
5
    on.
 6
                 MR. ROSENBLATT: I agree.
                 THE COURT: I think we'll stop at this
 7
8
    point and get into question and answer.
9
                 MR. COFER: Thank you.
                 THE COURT: If he's going to go back to
10
11
    1954, maybe bring him up to date.
12
                 MR. ROSENBLATT: I'll ask him a summary
13
    kind of question now.
14
                 MR. COFER: And let me say, I
15
    understand that it is kind of hard to decide where
    do you testify and what he can't. That's why I was
16
17
    hoping that counsel would ask specific questions, so
18
    I won't interrupt if not necessary.
19
                 THE COURT: I understand your position,
    but on the other hand, there are some questions and
20
21
    answers that it's necessary.
                 MR. WHITING: Your Honor, may I add
22
23
    while we are here, I think he's also testifying
24 about the state of mind of the industry, and no
    expert can testify about the state of mind.
25
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THE COURT: I'm not sure he testified 1 about state of mind yet. It's only what is obvious in the writings or the publications. MR. WHITING: When he starts talking 5 about what the industry intended and what the notice 6 of the industry were --7 THE COURT: We are not talking about 8 the Frank Statement. MR. COFER: If he hasn't done it, he's 9 10 on his way. 11 MR. ROSS: Other than with respect to 12 the Frank Statement, this witness is giving an 13 opinion about a course of conduct which has never 14 been proven in this case, and even this witness is 15 not testifying about any specific events where somebody said something. It's all just this is what 16 17 happened by the industry with absolutely no 18 identification of who said what to whom and then, if 19 that's admissible testimony in this case, it's an 20 opinion on a course of conduct where the conduct has 21 never been proven. 22 THE COURT: I think, if somebody is 23 familiar with the industry, they can testify as to 24 the historic events that took place and doesn't have to prove each and every one of them as we go along. 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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Overrule the objection.
1
2
            (The following proceedings were held within
    the hearing of the jury:)
3
                 THE COURT: Ask questions.
 4
 5
    BY MR. ROSENBLATT:
 6
     Q. Okay. Dr Houston, in terms of controversy
 7
    that you were describing, in terms of the tobacco
    documents you have reviewed during the past 20
8
    years, has part of the tobacco industry in terms of
9
    what they have actually done from your reading of
10
11
    the documents and from their responses to the
12
    various Surgeon Generals' reports and the other
13
    science coming out saying that cigarette smoking is
14
    harmful, has their strategy been to create and keep
15
    alive a controversy?
16
                 MR. MOODHE: Objection, Your Honor.
17
    It's the very issue we agreed --
18
                 THE COURT: Well, an instruction to the
19
    jury: We are not getting into the minds and the
20
    motive of the tobacco companies and tobacco
21
    industry. But as he perceived them, the position
22
    that he's in --
23
                 MR. ROSENBLATT: Exactly.
24
                 MR. MOODHE: Excuse me, Your Honor.
25
    There's a further problem which is the issues we
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- talked about before the jury came in, the question 1 broadly asks about from his reading of all these
- documents.
- THE COURT: No, that has nothing to do 5 with the issue at the moment.
- 6 BY MR. ROSENBLATT:
- 7 Q. So, from your perception, from your reading 8 of the documents, tell us about this controversy 9 concept.
- A. Let me give a couple brief examples. In the 10 mid-eighties, a famous trial on heart disease called 11 12 the MRFIT trial was released. This is a 13 particular --
 - Q. Not a court trial but --
- 14 15 It's a study of a broad number of people, Α. and the name of it was MRFIT, M-R-F-I-T, and it had 16 17 to do with a multiple series of conditions and of 18 risk factors that had to do with heart disease. And 19 the trial was released with great fanfare showing 20 that high cholesterol and high blood pressure and cigarette smoking, among other things, affected 21 22 heart disease and that, by lowering cholesterol and 23 controlling blood pressure and stopping smoking, we 24 could have an impact and reduce the rate of heart 25 disease.

The tobacco industry responded to the MRFIT trial by putting advertisements in newspapers claiming that the MRFIT trial showed that cigarette smoking didn't affect heart disease and that there wasn't really much of a relationship between cigarette smoking and heart disease and stopping smoking didn't really have much of an affect on longevity when it came to heart attacks. That's an example.

After the release of the EPA documents on environmental tobacco smoke, other full-page advertisements and campaigns by the tobacco companies were begun that did a couple of different things.

One of the effects of these advertisements and pronouncements to the public was that the science was fraud, that the EPA had it all wrong in the way they had done their math, and that the studies that the EPA purported to show environmental tobacco smoke causing disease and lung cancer specifically were fraud and couldn't be relied on.

But the other thing they did is began a public campaign -- and they had actually started this before the EPA -- of accommodation in that essentially all we need to do to resolve the COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

problems related to passive smoking is for people to be nice to each other and that it's fine to have smoking sections and nonsmoking sections in restaurants, we can live with each other, we can accommodate each other.

I have been in many restaurants, for example, that have --

- Q. Let me just ask you this: The campaign of accommodation, you know, smokers and nonsmokers should get along, they should be nice to each other, is that scientifically sound with respect to the health consequences of secondhand smoke on a nonsmoker?
- A. Not at all.
- Q. Why not?

5

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- A. Because the laws of physics in a restaurant don't stop at the boundary which can be just as insignificant as this railing here. Cigarette smoke doesn't stop at that railing just because you have a sign right here that says no smoking section.
- Q. The smoke does, in fact, circulate through the whole restaurant. There may be less of it at far boundaries of a no smoking section than at the border, but the smoke don't stop.

The point of the campaign was to put in the COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

minds of customers and in the minds of restaurant 1 owners and in the minds of policy makers that you don't really need --MR. WHITING: Your Honor, I object. 5 May we approach? 6 THE COURT: No. It's not necessary. 7 Overruled. 8 THE WITNESS: You don't need all the 9 regulations that were starting to come down with 10 nonsmokers' rights movements in California and elsewhere. You don't need to regulate tobacco smoke 11 12 indoors. Accommodation is all we need. We just 13 will have smoking and nonsmoking sections and 14 everything will be fine, and that was the thrust 15 from the point of view of what the public reading this would perceive. 16 17 BY MR. ROSENBLATT: 18 Q. Now, Dr. Houston, from the standpoint of a 19 controversy in terms of the medical and scientific 20 communities in the United States -- and by the way, 21 how many members are there in the American Medical 22 Association? 2.3

- A. There are about 300,000.
- 24 Q. All doctors from all over the United States?
- 25 Doctors, medical students and resident COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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physicians, yes.
1
     Q. From the standpoint of the medical and
 3 scientific communities in the United States, is
 4 there any controversy at all on the issue of whether
 5
    smoking causes disease?
 6
       Α.
            There's not.
 7
       Q.
           In those same communities, the scientific
8
    and medical communities across the United States, is
9
    there any controversy within those communities on
10 the fundamental issue of whether secondhand smoke
11 causes disease?
12
      A. There's not that kind of controversy. And
13
   let me give you an example of what I mean by lack of
14
    controversy. The Harrison's Textbook of Internal
15
    Medicine is the best known internal medicine
   textbook in the world.
16
17
                 MR. COFER: Excuse me, Doctor.
                 THE COURT: I'll sustain that.
18
19
                 MR. ROSENBLATT: Thank you, Your Honor.
                 THE COURT: Don't make any reference to
20
21
    any treatise.
22
                 THE WITNESS: Excuse me?
23
                 THE COURT: Don't make any reference to
24 any book or medical treatise.
```

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25 BY MR. ROSENBLATT:

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Without giving that particular example or
      Q.
2 referring to a treatise, with respect to the issue
   of secondhand smoke in the scientific and medical
   communities causing disease, there is no
   controversy?
```

- A. It's broadly accepted.
- 7 Q. Well, I'm not asking you to look into the 8 heads or to discuss with me the motives of the 9 tobacco executives, but from your standpoint having expertise in reviewing the documents from your 10 perception, what is the tobacco industry gaining by 11 12 keeping alive a nonexistent scientific controversy? 13 MR. COFER: Excuse me. Objection. Calls for speculation, not a subject of expert
- 14 15 testimony, beyond this witness's expertise.
- THE COURT: I'll sustain that. 16

17 BY MR. ROSENBLATT:

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5

6

18

19

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21 22

- Q. Have you had occasion to study tobacco industry advertising in connection with your position as director of the Department of Preventive Medicine and Environmental Health at the American Medical Association?
- 23 A. I have, and I've been a student of that 24 particular subject for a number of years.
- Q. Do you consider that you have expertise in 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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the field of tobacco advertising?
1
                MR. COFER: You can answer that
    question. I'm just waiting for the next one, but go
3
 4
    ahead.
                 MR. ROSENBLATT: Don't you get so
 5
6
    polite, doctor, you know. Unless you hear the word,
7
    you know, just answer the question.
       A. Oh, yes. I've studied tobacco advertising
8
    and have read a lot about that over the years. I
9
10
    have attended a lot of conferences of which that was
    the subject, and I know a good deal about that
11
12
    particular issue.
13
                 MR. COFER: Let me interrupt now so I
14
    don't interrupt counsel's question. If the doctor
    intends to offer opinions on the effect, impact or
15
    intent of advertising, I object for two reasons.
16
17
18
                 THE COURT: Well, I don't want to talk
19
    about it right now.
20
                 MR. ROSENBLATT: I'm not going any
21
    further on that right now.
22
                 MR. COFER: Okay.
23
                 THE COURT: Okay.
24
                 MR. COFER: I'll --
25
                 THE COURT: Hold off your objection.
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MR. COFER: Okay. I'll listen.
1
 2
                 THE COURT: Now you know the enemy is
    entrenched there and we're over here, and we'll see
 3
    where we go. Right. You know there's going to be
 5
    an objection coming down the line.
                 MR. ROSENBLATT: That I can always
 7
    depend.
    BY MR. ROSENBLATT:
8
       Q. On Page 12 of your resume is an article
9
    authored by you, the title of which is
10
    "Environmental Tobacco Smoke: The Silent Killer,"
11
    which appeared in the Journal of Family Practice in
12
13
    1991. This is an article written by you. And what
14
    was the thrust of that article?
15
       A. That was a summary of the -- of issues
    related to environmental tobacco smoke as they were
16
17
    known in the science as of 1991, pointing out,
18
    again, that environmental tobacco smoke is and
19
    should be a concern to physicians and, particularly,
    to family doctors, as it regards the health of
20
21
    children and the health of their adult patients, as
22
    well.
23
            And the thrust of the article was to
24
    encourage physicians to help their patients
    understand this, to create smoke-free environments
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in the home, to help their patients understand the need for their children not to be exposed to smoke, and for other adults not to be exposed to smoke and for physicians to become involved in, as an advocacy point of view, the regulatory process that would protect their patients from the unwanted hazards of secondhand smoke.

8

9

10

11 12

- Q. In terms of the field of your specialty, in terms of your work at the American Medical Association, do you get involved in trying to ascertain the level of public knowledge concerning a real legitimate health problem?
- 13 A. Yes. The AMA engages in public surveys of 14 health risks, and we try to stay abreast of the literature and of public surveys and other issues 15 that relate to what people think about different 16 17 kinds of illnesses, different sorts of public health 18 problems, what they worry about. In other words, 19 women worry a lot about dying of breast cancer. 20 What are the kinds of educational programs that 21 doctors can do to educate women about the need for 22 getting mammograms. That's the sort of thing that 23 my department, in conjunction with our department of 24 women and minority health, does.
- Q. From a medical standpoint, what is the COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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1 greater danger to women, lung cancer or breast
2 cancer?
```

- A. More women get breast cancer every year, but more women die from lung cancer every year.
 - Q. Is that fact widely understood by women in this country, do you feel?
 - A. Unfortunately it's not.
 - Q. And why is that?

5

6

7

8

16 17

18

9 A. They're probably several reasons for it.
10 There was a USA Today poll a couple of years ago
11 that asked some of these very questions, and the
12 fear that women had or the thought that they had
13 about whether they had a greater chance of dying
14 from breast cancer or other kinds of diseases was
15 one of the points of this particular survey.

Women believe that they had an extremely high chance, about five times the actual occurrence rate, of dying of breast cancer.

19 First of all, there's been a lot of
20 publicity about breast cancer in the women's press,
21 in Cosmopolitan, in newspapers. The availability of
22 mammograms and their increasing sophistication,
23 their ability to find breast tumors at tiny, tiny
24 sizes has gotten a lot of attention. And women are
25 afraid of breast cancer because they don't know how

they get it. It's being understood better now that there's some familial tendency to breast cancer, and there may be some influence of a high fat diet on breast cancer, but, in general, women are afraid of this because they're not sure of how it's going to 5 strike or who it's going to strike. 7 As it relates then to cigarette smoke, and 8 smoking and lung cancer, women particularly don't 9 feel a personal risk from smoking. Many smokers don't feel that personal risk at all anyway, but for 10 whatever reason in a variety of surveys, women don't 11 12 feel the personalization of that risk as it applies 13 to them. 14 MR. COFER: Excuse me, Your Honor. At 15 this point we have now gone beyond his expertise. He's testifying as to what other people feel. He's 16 17 not a psychologist or psychiatrist. He's not an 18 expert in this. 19 THE COURT: It's based upon the 20 literature put out by the AMA. Other than that, if 21 it's something that's just general, then I would agree. If it's based on scientific --22 MR. COFER: And counsel has not laid 23

25 BY MR. ROSENBLATT:

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24

that foundation.

- Q. Well, what is that based on, doctor, the answer that you're in the middle of? From whence cometh that information?
- A. That comes from information based on surveys of smokers over the years, looking at -- as I told you before, I've spent a lot of time in smoking cessation. One of the things that we try to do is find out why it is that people don't stop, what is it that keeps people smoking, given that they know at least to some extent that there's a health risk associated with continued use of tobacco.

And one of the reasons is that they don't personalize the risk. They don't think that they are personally going to die from cigarette smoking. They don't internalize the risk, and they don't think that they're the one that's going to die. They think it's going to happen to somebody else.

The point is that women believe this about lung cancer, that they don't think they're going to die from it. And publicity about lung cancer in the popular press, in women's magazines, has not received the attention that breast cancer has.

Q. And why is that?

2.3

24 A. There are a lot of reasons for that, but one 25 of them, as pointed out in the literature, is the COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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effect of cigarette advertising dollars on the
1
    coverage of lung cancer and other cigarette-related
    illnesses in women's magazines.
 4
                 MR. COFER: Excuse me. Objection, Your
5
    Honor. Lack of foundation.
 6
                 THE COURT: All right.
7
                 MR. COFER: Beyond his expertise.
8
                 THE COURT: Gentlemen.
9
                 MR. COFER: And irrelevant.
10
             (Counsel and the court reporter approached
    the bench, and the following discussion was held
11
12
    outside the hearing of the jury:)
13
                 THE COURT: He's getting into the area
14
    of amount of money spent.
15
                 MR. ROSENBLATT: That's not where I'm
16
    going.
17
                 MR. COFER: That's the problem. He's
    blurting out these nice, little jewels designed to
18
19
    prejudice the jury. He's telling us why women --
                 THE COURT: I'll sustain the objection.
20
    You're not going to get into the dollars.
21
22
                 MR. ROSENBLATT: No, I'm not getting --
23 I'll tell you exactly where I'm going. I think it's
24
    absolutely, perfectly legitimate.
25
            What he's told me is that the reason why
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women are misinformed and believe that there's a
 1
    much greater threat of breast cancer than lung
    cancer, which he says is the opposite of the fact,
    is because the -- all the popular women's magazines
 5
    who receive tobacco advertising don't print the
    articles that would properly inform them. It's not
 7
    a question --
8
                 MR. MOODHE: That's not opinion; that's
9
    based on the fact that --
10
                MR. ROSENBLATT: It's a question of
11
    advertising and what he has found empirically. What
12
    he's found empirically is that the women's magazines
13
    who carry cigarette advertising do not accept
14
    articles that talk about lung cancer.
15
                 THE COURT: What's that based on?
16
                 MR. COFER: Exactly.
17
                 MR. ROSENBLATT: His reading and
18
    studying of these issues.
19
                 MR. ROSS: That's totally speculative.
                 MR. ROSENBLATT: He knows this.
20
21
                 THE COURT: You'll have to do a little
22
    bit more than that. I think we will do much better
23
   if we voir dire the witness.
24
                 MR. COFER: Exactly.
25
                 THE COURT: Why don't we excuse the
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1
    jury.
            (The following proceedings were held within
    the hearing of the jury:)
                 THE COURT: Ladies and gentlemen, would
    you please go into the jury room. Do not discuss
5
 6
    the case.
 7
            (The jury exited the courtroom.)
8
                 THE COURT: Okay. Do you want to get
    into that area? We'll have voir dire.
9
10
                 MR. ROSENBLATT: Should I question the
11
    doctor or --
12
                 MR. COFER: Tell me what --
                 MR. ROSENBLATT: Okay. I'll tell you
13
14
    where I was going. Dr. Houston, as part of his
15
    work, is very familiar with --
16
                 THE COURT: Let's find out from him
17
    first.
18
                 MR. ROSENBLATT: Okay.
19
                  VOIR DIRE EXAMINATION
20
    BY MR. COFER:
21
       Q. Well, the opinion that Mr. Rosenblatt said
22
    that you were going to give, doctor, to make it
23 clear is that women underperceive lung cancer risk
24
    is because tobacco companies give money to
    magazines, and the quid pro quo is that they don't
25
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write anything bad about lung cancer?
 1
                 MR. ROSENBLATT: That's not -- I didn't
 3
    put it --
 4
                 THE COURT: That wasn't what it was.
 5
                 MR. ROSENBLATT: I didn't put it that
 6
    way.
 7
                  THE COURT: My understanding of what
 8
    was said at sidebar was something far different than
    that. So I think what we're going to do is first
 9
10
   find out what the witness believes to be --
11
                 MR. ROSENBLATT: Fine.
12
                 THE COURT: \operatorname{\mathsf{--}} the reasons, and then we
    can get into it further. Okay. Go ahead.
13
14
                  VOIR DIRE EXAMINATION
15
    BY MR. ROSENBLATT:
16
     Q. Okay. Doctor, you had made the point, as I
17
    understand it, that women in this country are much
    more afraid of dying from breast cancer than from
18
19
    lung cancer, when the scientific reality is that
20
    they have a much greater chance or a greater chance
21
    of dying from lung cancer than from breast cancer.
22
       A. Yes.
23
            And I was going to ask you, well, from
24 whence cometh that ignorance, in terms of the
    women's magazines, specifically?
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A. The ignorance comes from a lot of different places. One is denial that it's going to happen to them, but the other is that there has been a lot less information in places where women get their health information. Women get their health information from Cosmopolitan and from the beauty shop magazines and the things that they pick up to read that are certainly not scientific journals.

The lack of coverage on tobacco and health in those particular journals has been well documented by Kenneth Warner and Elizabeth Whelan and others as compared to breast cancer, as compared to other sorts of illnesses: Sexually-transmitted diseases, AIDS.

Tobacco, as a subject, has been covered much, much less. And the conclusions that others have drawn is that there is an effect of tobacco advertising as a self-censoring device, so that the publishers and the editors of those journals don't, in fact, print the stories that relate to tobacco and health.

An example of that is the failure of entries to a particular prize that the AMA sponsors on tobacco journalism. We have a journalism prize in tobacco and health coverage for magazines that do COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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accept tobacco advertising. We have a cash prize, plus a free trip to a journalism conference. And in the last 18 months, we haven't had an entry.
```

- Q. To what do you attribute the lack of an entry?
- A. The lack of an entry? The lack of a published article that deals with tobacco and health in those magazines. It hasn't been there.
- 9 Q. And the conclusion -- and the conclusion 10 that you draw, what is the impact of tobacco 11 advertising in women's magazines upon the 12 acceptability of negative articles about tobacco 13 actually being published in those magazines?
- 14 A. Now, there have been -- there have been 15 interviews with the editors, Grace Slick and others, 16 who are editors of those -- not Grace Slick, what's 17 her -- what's -- I forget her name. At any rate, 18 the editors of these --
- 19 Q. Helen Gurley?

6

7

- A. Helen Gurley Brown. That's her. And others saying, basically, you don't bite the hand that feeds you.
- THE COURT: Okay. Question?

 MR. COFER: Actually I think Grace

 Slick is the lead singer for Jefferson Airplane.

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THE WITNESS: Yes. That's correct.
1
2
                 MR. ROSENBLATT: You've shown off
3
    again.
 4
                 MR. COFER: I know. But the jury
5
    didn't hear.
 6
            In addition, there's nothing in his expert
7
    disclosure about advertising.
            VOIR DIRE EXAMINATION (CONTINUED)
8
    BY MR. COFER:
9
10
     Q. Doctor, what's your basis for your testimony
    that women get their health information from
11
12
    magazines like Cosmo and, I assume, Glamour and
13
    other women's magazines?
14
           Oh, part of it is in looking at the --
15
    again, survey data of what women read. And this
    comes from the AMA, as well as other sources of
16
17
    surveys of health information sources: What is it
18
    that -- what is it that the public looks at in order
19
    to get their health information?
20
            The reason this is important to us is in
21
    trying to craft ways that doctors' offices can be a
22
    better source of health information for their
23 patients. And so we're trying to see what the
24
    competitors are. And, in fact, beauty shops and
    barbar shops and other places do a pretty good job
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- 1 of having magazines out there that people read.
- Q. Tell me specifically what survey you're relying on for that information? Where was it
- published, when was it published, and do you have a copy of it with you?
- A. I can't tell you those things specifically today. I don't have a copy with me.
- Q. In fact, the only survey that you mentioned so far was in USA Today; right?
- 10 A. That's correct.
- Q. Now, has that changed over time? When was this true? How long has it been true? Have the magazines changed? Has the coverage of lung cancer versus breast cancer changed in the last, let's say, 5 years, which is the period of this class?
- 16 A. Oh, I can't speak to -- I can't speak to 35 17 years back. The articles I've read by Warner and 18 Whelan don't go back that far.
- Q. So you're relying on articles by Kenneth Warner and Elizabeth Whelan for your opinion; correct?
- 22 A. Partly, yes.
- Q. So these are conclusions others have drawn; right?
- 25 A. Yes.

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Q. Now, let me ask you this. Could one basis
1
   also be in terms of the concern that women have
    between lung cancer and breast cancer is that breast
    cancer is disfiguring?
 5
           I'm sure.
       Α.
 6
       Ο.
            There's an awful lot of attention on that
 7
    because of breast implants and all that's accrued
8
    from breast implants; correct, doctor?
9
      A. It could be yes.
                 MR. COFER: Thank you.
10
                 Your Honor, lack of foundation. It's
11
12
    not --
13
                 THE COURT: I'll tell you --
14
                 MR. COFER: It's not in his disclosure.
15
    He is relying on opinions of others. I can't
16
    cross-examine him. It's classic hearsay.
17
                 THE COURT: I agree with you. It is
18
   highly speculative, and it doesn't have a foundation
19
    in court at this point. And I think it has to be an
    interpretation of things that would be in the minds
20
21
    of others, such as the editors and so forth, which
22
    is not in this case.
            I'll sustain the objection as it relates to
23
24 that. Suffice it to say that his experience would
    be that there's less being written about the dangers
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of lung cancer, vis-a-vis smoking than it is
1
    vis-a-vis breast cancer.
            So if that's where we're at, then we can
 4
    accept it as that.
                 MR. COFER: Could we also have counsel
 5
 6
    lay a predicate that the doctor regularly reads
    women's magazines so that he's competent and
 7
8
    qualified to make that comparison? Otherwise, it's
9
     just based on speculation.
10
                 THE WITNESS: I do, in fact.
                 MR. COFER: You do? What ones do you
11
12
    read?
                 THE WITNESS: I read Glamour and Cosmo,
13
14
    Redbook from time to time, among other things,
15
    tracking tobacco industry advertising.
16
                 MR. COFER: Cover to cover?
17
                 THE WITNESS: Oh, not cover to cover.
18
    I don't read the ones about make-up.
19
                 MR. COFER: Do you subscribe to them,
20
    or just when you happen to be in a beauty shop?
21
                 THE COURT: Oh, I'm not going to get
22
    into this.
23
                 MR. COFER: You said we're supposed to
24
    have some fun.
25
                 THE COURT: All right. Insofar as you
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can testify in your experience and your studies and
    all of that, within your field, that it is apparent
    to you that there is less being written about the
    dangers of lung cancer vis-a-vis smoking than is
 5
    being written about breast cancer, suffice it to
 6
    say. Okay.
 7
            Need a couple minutes? They took a break.
8
    We can take a break.
9
            Do not discuss your testimony with anyone.
10
            (A brief recess was taken.)
11
                 THE COURT: Counsel, could we
12
    anticipate that we can complete this witness today?
                 MR. ROSENBLATT: Yes, Judge. I mean,
13
14
    we might have to work a little after 5:00.
15
                 MS. ROSENBLATT: He has a flight he
16
    needs to leave for.
17
                 THE COURT: Yes. That's what I'm
18 trying to envision. What time is your flight, sir?
19
                 THE WITNESS: 7:00.
20
                 THE COURT: All right. Keep it in
21
    mind. We'll do what we can.
22
            Let's bring the jury out, please.
23
            (The jury entered the courtroom.)
24
                 THE COURT: All right. Have a seat,
25
    folks.
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1 Okay. Let's proceed. DIRECT EXAMINATION (CONTINUED) BY MR. ROSENBLATT: Q. Dr. Houston, in terms of your review and analysis of the popular press magazines, women's 5 magazines in particular, over the last several 7 years, has a lot less been written about the lung 8 cancer threat to women, as opposed to the breast 9 cancer threat to women? 10 A. Yes. There's been considerably less 11 coverage of tobacco-related diseases than other 12 causes of illness among women. 13 And from a purely scientific standpoint, the 14 cause -- the major cause of death between lung 15 cancer in women and breast cancer in women is lung cancer; correct? 16 17 A. That's correct. Lung cancer became the 18 largest cancer killer among women in 1986 or so. 19 Q. Do you when do you think the average American came to appreciate that by smoking in the 20 21 presence of a nonsmoker, whether it was a wife, 22 husband, kids, friends, that that habit could cause 23 the nonsmoker to develop lung cancer or some other 24 disease? 25 MR. COFER: Objection. Lack of COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

foundation. Calls for speculation. 1 THE COURT: I think you have to lay a predicate on that one. BY MR. ROSENBLATT: Well, based on your education, background, 5 Q. 6 training, based on your 20 years of looking at smoking and health issues, based on your years of 7 8 studying tobacco advertising, tobacco responses to 9 science, Surgeon General's reports and others, and the various polls of the American Medical 10 11 Association and your position at the American 12 Medical Association, do you feel that you have the 13 background and the understanding to express an 14 opinion on this topic? 15 A. Yes, I do, for the most part. 16 So what is -- what is your answer to that 17 question, as to when you feel that the average 18 smoker became aware or appreciated the fact that 19 that habit could cause disease in a nonsmoker? 20 MR. COFER: Excuse me, doctor. 21 When he feels it happened is irrelevant, and 22 he doesn't have knowledge as to when it happened. 23 THE COURT: Yes. You'd really have to 24 get into a little bit more knowledge --25 MR. COFER: Exactly. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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THE COURT: -- and basis of this before
1
    we get into it.
    BY MR. ROSENBLATT:
 4
     Q. So, on what would you be basing that answer?
 5
    Before you give us the answer --
                 THE COURT: In other words, what the
 6
 7
    Court is concerned about is the average American,
8
    unless the average American was polled or there was
9
    some reference made to it. And that's what we're
    trying to find out at this point.
10
    BY MR. ROSENBLATT:
11
12
           Well, I'm really talking -- I'm really
13
    talking about the level of understanding that you
14
    believe smokers have or had in recent years about
15
    the dangers, the health dangers on nonsmokers.
                 MR. COFER: Same objection, Your Honor.
16
17
    He may be able to testify about what his opinion as
18
    to what the state of knowledge was but not the level
19
    of understanding.
                 THE COURT: Everybody can have an
20
21
    opinion. The question is, based upon some research
22
    you've done or work in the field in order to make
   that determination, that's what we're trying to get
23
24 at, so if you can explain the basis for it before
    you give your opinion, I'd appreciate that.
25
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7222 THE WITNESS: Thank you. 1 2 There have, in fact, been a variety of polls done by the Robert Wood Johnson Foundation, the American Cancer Society and others, looking at 5 individual states where the polls were done of the opinions of the public about the effects of secondhand smoke, about tobacco use generally, about 7 8 tobacco policies that relate in one way or another to what I do at the AMA. And some of these polls 9 have, over the years, looked at what people think 10 about the effects of secondhand smoke. 11 12 I don't recall a question on any of those 13 polls that relates specifically to what smokers 14 think about the ability of tobacco, secondhand 15 smoke, to cause disease, among others. 16 But, in general, it would seem that early in 17 the decade of the '90s, people began to have an 18 increasing realization that environmental tobacco 19 smoke was, in fact, a health risk. 20 BY MR. ROSENBLATT: 21

- Dr. Houston, how old an organization is the Q. 22 American Medical Association?
- 23 A. 150 years.
- 24 Q. Now, we've been referring, from time to time, to various medical publications, and, of COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- 1 course, the publication of the AMA is the Journal of 2 the American Medical Association. How long has that 3 been around?
- A. It's been over 100 years. I don't know the exact time of the first issue.
 - Q. And how often is that, a monthly --
- 7 A. Weekly.

- 8 Q. It's a weekly.
- 9 And who does it go to, the membership?
- 10 A. It goes to the membership of the AMA and to 11 subscribers, generally. It's one of the most widely 12 distributed medical journals in the world.
- Q. Now, obviously you've told us that you're the director of the Department of Preventive Medicine and Environmental Health at the AMA.
- 16 Could you give us an idea as to some of the other -- now, you are a full-time employee of the
- 18 American Medical Association?
- 19 A. Yes.
- Q. I mean, at the present time you're not treating patients?
- 22 A. That's correct.
- Q. This is your full-time job, and you're on a salary?
- 25 A. Yes.

Give us an idea as to some of the other Q. 2 departments or divisions within the American Medical Association where there would be at the head of it a doctor working full time, such as yourself?

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Well, I work in a division called the Division of Health Science, and in that division, there are several departments that have doctors as the head of those divisions. There's a Division of Mental Health. There's a Division of Adolescent 10 Health. There are two divisions that are headed by 11 Ph.D's; one on HIV and AIDS and one on women and minority health. And then there's my department on Preventive Medicine and Environmental Health. Those are the departments within the division.

In another division, the Division of Drugs and Technology, there are several physicians that 17 head specific departments dealing with pharmacology and -- that relate to medications and to medical devices, to technology issues, to computers in medicine and other things such as this. So there are several departments in that particular division that are also headed by physicians.

Q. In terms of overall staff, can you give us a 23 24 rough estimate as to how many full-time MDs are working exclusively for the AMA?

- Well, there are about 900 employees of the 1 Α. AMA altogether.
 - Q. You're based in Chicago?

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Α. In Chicago. And I expect that there are about 35 or 40 MDs on the staff in one capacity or another. In my department, there is another MD besides myself in the capacity of what we call our 8 senior scientist.

She is board-certified in occupational medicine and internal medicine and has a master's degree in public health. There are four other individuals in my department with master's degrees in either public health or education. And in others -- other departments across the division, there are people with a variety of degrees, including MD and MPH degrees.

- Q. Now, Dr. Ronald Davis has testified in this 18 case previous to you. And what is his position within the AMA? I know he's not a full-time employee of the AMA, but he has a role.
- A. He, in fact, is the chairman of what we call 21 22 our Council on Scientific Affairs. The council is 23 one of several councils within the AMA. There's a 24 Council on Ethical and Judicial Affairs and a 25 Council on Legislation and so on.

The Council on Scientific Affairs is the scientific and medical council that looks in a deliberative way at science issues and health issues within the AMA. It helps the AMA understand the policy issues that are involved, the public health and scientific issues that are involved in what it is the AMA does, and issues a variety of reports, comments on a variety of issues related to science and health, and Dr. Davis is the current chair of that group. It's elected by the house of delegates, the council is, from among its membership.

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The house of delegates is the policy-making body of the AMA that's elected from county and state medical societies, and they come to Chicago twice a year to annual meetings of the AMA.

- Q. How are policies formulated of the AMA in general and, let's say, specifically with respect to your department? What is that process before there is an official policy of the AMA on a given subject?
- A. Policies are introduced to the AMA house of delegates, which is sort of like the house of representatives in the way it works, either by individual delegates or by the state medical 24 societies or the specialty societies. Like the American Academy of Surgeons is a specialty society.

They would, internally at the state level or society level, decide that a particular issue was worthy of the AMA to consider as a policy statement; would introduce it as a policy resolution; attach supporting documentation when appropriate.

The policy goes to what we call a reference committee, which is almost like a congressional hearing committee which discusses each one of the proposed resolutions. That discussion is on both sides if there are -- if there's disagreement about the issue.

Sometimes AMA staff are asked to comment one way or another on existing AMA policies that relates to the issue at hand. Then the AMA House of Delegates decides whether that particular policy should be adopted by the AMA or not.

Oftentimes that policy then will result in an action by the AMA, such as a report or a letter to a congressman or a press conference related to a particular issue. It might relate in us applying for a grant on a particular issue or going in partnership with the Lung Association or the National Cancer Institute on an educational project.

So those are the sorts of things that happen

after a policy statement is adopted.

- 1 Q. Have you been a reviewer for the 2 Environmental Protection Agency reports?
- A. I was a reviewer for the -- the AMA was asked to be a reviewer for its report on environmental tobacco smoke, yes.
 - Q. And what did you do in that capacity?
- 7 A. People in my department looked at the EPA 8 report, the draft report, when it was issued. We 9 sent it out for external review to some 10 statisticians outside the AMA, as well, and on that 11 basis prepared comments that we gave at hearings 12 that the EPA had, and we gave oral and written 13 testimony at those hearings.
- Q. Did the American Medical Association take an official position with respect to the final draft, the ultimate conclusions reached by the Environmental Protection Agency?
- 18 A. Yes. We supported them.
- Q. Have you served on -- I don't know if I'm using exactly the right terminology -- have you served on the review panel of the American Cancer Society?
- A. I've served on grant review panels for the Illinois Division of the American Cancer Society, yes, not from the National Cancer Society.

Q. Okay. And have you served in a similar capacity where you were reviewing -- had occasion to review other grant applications?

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- A. Yes. I've been a grant reviewer for the Robert Wood Johnson Foundation and for the National Cancer Institute and a couple of other groups that give grants on health-related issues.
- Q. Tell us about how that process works, where, as I understand it, a researcher at a university somewhere else submits an application where he's asking for money to go ahead and do some research.
- 12 Right. And depending on the size of the 13 organization that is giving the grant, a team of 14 experts would be assembled to look at the grant applications, often as a result of something being 15 put in the Federal register or an announcement being 16 17 made of some sort saying, we have \$10,000,000 to 18 give away in this particular subject area, and the 19 subject area is defined so that people understand 20 the rules by which the grants are going to be 21 awarded, the subjects that the grants are going to 22 be thought appropriate for this particular pool of 23 money.

24 The grants come in. They are evaluated by 25 the internal staff of the organization. Sometimes COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

they are then sent out to the expert review team, and those reviewers read the grants based on criteria that are drafted by the organization that's giving out the money.

Each organization has slightly different criteria by which they think grants are appropriate or not. Then, based on those criteria, the reviewers come together and decide, essentially scoring the grants, which ones would be worthy of giving the money to or not.

Those grants are then rank-ordered, usually starting from the best at the top and going down to the ones that are thought to be less meritorious, and you start awarding the grants. And when the money runs out, that's where the grants are cut off.

- Q. I assume there's nearly always more 17 applications than there is money available to fund the grants?
 - Almost always. Α.

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- 20 Okay. Now, is there an accepted and 21 standard process for grant programs, whether it be the Robert Wood Johnson Foundation, the National 22 23 Cancer Institute or others you've been connected 24 with?
- Each institution has its own rules about how 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

grants are awarded, but, in general, there is a 2 process by which both internal staff that have expertise in the area and external reviewers who are familiar with the area that's in question come together and make the decisions about the grants.

So the scientists and the staff of the organizations that are relevant to the disciplines being -- where the money is given out, that's who does the decision-making about where the grants go.

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- Q. Okay. In terms of this decision-making and in terms of any grant review process with which you have been involved, do lawyers have any input in deciding on categories of research or in deciding on who gets grants and who doesn't get grants?
- A. It's never been my experience that that is the case.
- Are you familiar with the grant program of Ο. the Council for Tobacco Research in your capacity with the American Medical Association?
 - A. I've had occasion to read about that, yes.
- 21 And does the Council for Tobacco Research Q. 22 program comport with the accepted and standard 23 process of grant applications that you've described? 24 MR. MOODHE: Objection, Your Honor.
- 25 Can we come to the sidebar, please? COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

THE COURT: Okay. 1 2 (Counsel and the court reporter approached the bench, and the following discussion was held outside the hearing of the jury:) 5 MR. MOODHE: Your Honor, at his 6 deposition, this witness testified that he had no 7 familiarity with the grants programs, that the only thing he's ever done is flip through a couple of 8 annual reports. He said he didn't know anything 9 about the staff; he didn't know anything about the 10 Scientific Advisory Board; he didn't know the 11 12 grantees; he didn't know any of the members; he 13 didn't know the process. 14 Now, I don't know what he's saying. He now 15 suddenly has knowledge based upon, what it sounds to 16 me like -- it may or may not be the only source --17 these documents that we have at issue now. None of them address any of the facts going into how the CTR 18 19 makes its awards of funds to researchers. 20 So given his testimony and his complete 21 stated lack of factual foundation, I can see no 22 basis for this witness now to offer the opinion or to ascribe facts that he had no personal knowledge 23 24 of at the time of his deposition. 25 THE COURT: Which was when? COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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MR. MOODHE: Which was?
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                 MR. RUSS: June the 9th.
                 THE COURT: This year?
 4
                 MR. RUSS: Yes.
 5
                 MS. ROSENBLATT: There are some 50 or
 6
    more pages in the deposition about the Council for
    Tobacco Research. Throughout the deposition, he
 7
    definitely said he had a familiarity with it. It's
8
    a topic of conversation among colleagues. It's
9
10
    something he's involved with in the AMA.
11
            And if Your Honor wants to review it, we'll
12
    go through it. It will take awhile.
            I mean, he has a familiarity with how its
13
14
    run and the kinds -- in fact, he has himself and his
15
    department, they are having hearings on whether any
16
    journals in this country should accept anything from
17
    the Council for Tobacco Research. He is very
18
    familiar with that topic.
19
                 THE COURT: Let me ask you a question.
20
    The thrust of your question was what? How the
21
    AMA --
22
                 MR. ROSENBLATT: Does the --
23
                 MS. ROSENBLATT: Is he familiar with
24
    the grant program at CTR? He said, yes, he was.
25
                 MR. ROSENBLATT: I had him explain the
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    normal process.
                 THE COURT: Of the AMA?
3
                 MR. ROSENBLATT: Of Robert Wood
4
    Johnson.
5
                 MS. ROSENBLATT: Grant programs.
                 MR. ROSENBLATT: Grant programs, not
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7
    only the AMA.
8
            He's been on review boards. He's been
9 involved where they decide to give it to this side
10 or give it to that.
11
                 THE COURT: Yes. I understand.
                 MR. ROSENBLATT: Now, I'm saying, does
12
13
    the Council for Tobacco Research, does their grant
14
   application process conform --
15
                 THE COURT: Okay.
16
                 MR. ROSENBLATT: -- with reasonable --
17
                 MS. ROSENBLATT: First he said he had
18 familiarity.
19
                 THE COURT: That's their point. How
20
    would he know that?
21
                 MS. ROSENBLATT: I asked him, are you
22 familiar with the program?
23
                 THE COURT: We're going to find out.
24
                 MR. ROSS: He said he read something
25 about it.
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MR. WHITING: He answered the question.
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    He said, "I read something about that."
                 THE COURT: He may have read something
    from CTR for all I know. I don't know. Let's find
 4
    out. If he doesn't have familiarity with it from
 5
 6
    the direct sources, I would agree with it.
                 MR. MOODHE: I would request to voir
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8
    dire the witness on this issue.
9
                 THE COURT: Okay. Do you want to do it
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    in or outside the presence?
                 MR. MOODHE: I can do it outside the
11
12
    presence of the jury, or whether you do it at
13
    sidebar. Whether you excuse the jury --
14
                 THE COURT: It's hard doing it at
15
    sidebar.
16
            (The following proceedings were held within
    the hearing of the jury:)
17
                 THE COURT: Okay. Folks, I'm going to
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19
    have to ask you to go in the other room for a short
20
    time.
             (The jury exited the courtroom.)
21
22
                 THE COURT: I would ask you folks not
23
    to have these little sessions. I mean, you're
24 perfectly entitled to them, but please be aware that
    the jury, in and out, in and out, it has an effect
25
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- 7236 sending on the jury. You're certainly entitled to 1 2 do it. Keep it short. Okay. Who wants to do it? 4 VOIR DIRE EXAMINATION 5 BY MR. MOODHE: 6 Q. Doctor, my name is Joe Moodhe. I represent 7 Council for Tobacco Research. A few questions about 8 your familiarity with the Council for Tobacco 9 Research. 10 Have you ever had any direct contact with 11 Council for Tobacco Research? 12 A. No. 13 Q. Have you ever applied for a grant from the council? 14 15 A. I have not. Q. Have you ever reviewed the grant application 16
- 17 process for the Council for Tobacco Research?
 - A. I have not.
- 19 Have you ever spoken to any members of the Q. Scientific Advisory Board for the Council for 20
- 21 Tobacco Research?
- A. No. 22

- 23 Q. Have you spoken to any grantees, to the best 24 of your knowledge, about the Council for Tobacco
- 25 Research? COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- 1 A. No.
- Q. Have you ever systematically sat down and reviewed the literature published by grantees who have received funds from the Council for Tobacco Research?
- A. I have reviewed several of the annual reports of the Council and the abstracts. I have not gone out to seek out the literature that's been published.
- 10 Q. So you've just read a couple of volumes of 11 the abstracts, but you have not read any of the 12 literature?
- 13 A. Not as far as I know. There may have been 14 published papers that I was unaware of.
- 15 Q. But you didn't sit down and systematically 16 review the literature?
- 17 A. I did not.
- Q. Did any portion of that material that you read deal with the process of how CTR awards funds to its grantees?
- 21 A. Not other than as related in the annual 22 reports, no.
- Q. And to your knowledge, is there any description of that process in the annual report that you recall?

- 1 A. I don't recall.
 - Q. What is the basis of your knowledge about the Council for Tobacco Research?
 - A. Published reports in the Wall Street Journal and elsewhere, conversations with colleagues at conferences, that sort of thing.
 - Q. And published reports in the Wall Street Journal, are you talking about a journalistic account of something?
- 10 A. Yes.

7

8

- 11 Q. Have you ever read or reviewed any primary 12 documents? Do you know what I mean by "primary 13 document"?
- 14 A. Yes.
- 15 Q. Have you ever read any primary documents 16 about the grant-making process of the council?
- 17 A. I've done that. We were -- earlier on it
 18 was -- it was discussed that The Cigarette Papers
 19 and related issues shouldn't be brought out by -20 THE COURT: You can do it here, but not
 21 in the presence of the jury. That would be one
 22 thing.
- A. In the context of reviewing materials
 related to The Cigarette Papers and the JAMA
 related to those, I saw some copies of
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- 1 primary documents, yes.
- 2 BY MR. MOODHE:

6

- Q. Did any of them deal with the Council for Tobacco Research grant-making process?
- A. They dealt with the Council for Tobacco 5 Research special projects grants and how those were 7 put together and the process by which attorneys and other nonscientific folks had input into the 8 grant-making process, both from the point of view of 9 the categories of grants that were designated under 10 special projects and then how they were reviewed. 11
- 12 Q. Did you read the actual documents 13 themselves, or did you read the account of those 14 documents or excerpts of those documents as 15 described in The Cigarette Papers?
 - A. I read the documents themselves.
 - Q. Which documents do you recall reading?
- 18 Α. A variety of memos from officials within the 19 CTR at that time and the TIRC, and attorneys within 20 the industry dealing with how this was set up.
- 21 Q. Did any of those documents describe the 22 overall grant program?
- 23 A. No.
- 24 Q. You have -- I'm sorry.
- 25 They didn't describe the overall program, COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

except to say that the Scientific Advisory Board was 2 set up in order to present an appearance of propriety, if you will, and to give grants that would have the appearance of performing the function of the CTR; that is, investigating the legitimate research. And I have no doubt that the members of the Scientific Advisory Board knew just that.

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- Do you understand there to be a difference between the grant program of the CTR and special project program related to CTR?
- A. Yes. I believe that there probably is a great distinction between the two, and that I have no -- I have no reason to doubt the integrity of the members of the Scientific Advisory Board.
- Q. You understand what you've just been talking about has nothing to do with the grant program; you're talking about special projects; right?
- And special projects, as far as I can understand, were a great deal about what the CTR was about. The grant programs of the CTR, the ones that the public saw and the ones that are included in your annual reports, are a different kettle of fish than the other sets of contracts and special 24 projects.
- But you don't know how the process works for 25 Q. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

awarding those grants; do you?

A. No, I don't.

- Q. And you don't really know how the process for awarding special projects works either; do you?
- A. Inasmuch as I have been trying to piece it together over the years in trying to understand the CTR and how the special projects work, I know -- I know bits and pieces of it. I don't suppose I know all the ins and outs, not having been a member of those councils.

MR. MOODHE: Your Honor, based on this testimony, I would move to exclude this witness from testifying at all about either the CTR grant program or about special projects, given the fact that he has no knowledge on which to base those opinions. He describes his own view as being, at best, based on bits and pieces of information, without a comprehensive understanding of the facts.

The second problem we have is that it's obviously based on materials that are not yet in evidence and may never be in evidence in this case. And, therefore, should this testimony come in at this point, we will have incurable error that we can't possible purge from this jury that would be highly prejudicial to the defendants.

MR. WHITING: Your Honor, if I just 1 2 may --3 THE COURT: You mentioned a key point 4 at this point. MR. MOODHE: Your Honor, if all the 5 evidence were to come in, I suppose that in theory 6 7 the opinion would be admissible, but there's no 8 basis now for believing what, if any, evidence is going to come in on any of these matters, and that 9 is the problem. It's not a problem we have created. 10 11 It is the problem of putting on an expert before the 12 facts are in evidence. 13 THE COURT: Counsel. 14 MR. WHITING: Your Honor, I want to add 15 to what Mr. Moodhe said, without repeating. What we 16 have here is a classic example of using an expert 17 witness as a conduit for hearsay. 18 What the witness testified is that much of 19 the source of his information about CTR is from 20 sources such as the Wall Street Journal, conversations with colleagues. Again, it goes to 21 22 the very point Mr. Moodhe has said, the facts are 23 not in evidence. He cannot testify, and it should 24 not an conduit for hearsay. THE COURT: As I said before, some 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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matters that experts testify about are hearsay and
 1
    inadmissible, but, nonetheless, an expert can
    testify about them.
                 MR. RUSS: Yell, Your Honor --
 5
                 THE COURT: There is a distinction.
                 MR. WHITING: If I may, I think the
 6
 7
    distinction is an expert can rely upon hearsay. He
8
    is not permitted to be a conduit for the hearsay --
9
                 THE COURT: I understand.
                 MR. WHITING: -- before the jury.
10
11
                 THE COURT: I'm just pointing out the
12
    distinction. Okay. So we all understand.
13
    Sometimes that line gets blurred.
14
                 MR. RUSS: Judge. Okay. May I add one
15
    point on that?
            I think based on having read this witness'
16
17
    deposition testimony, that the exclusive source of
18
    the information he has about CTR's special projects
19
    is The Cigarette Papers or documents that he
20
    obtained and reviewed in connection with The
    Cigarette Papers. And those documents were stolen
21
22
    from us. And to permit this witness to testify
23
   based upon them would violate the privileges that we
24 maintain and also violate Your Honor's earlier
25
    ruling.
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1 These lawyer memoranda are part of the privileged materials that are excluded in this case, and they could never come into the case. MR. ROSENBLATT: I think I can 5 short-circuit this, because part of where I'm going, 6 the AMA, as an organization, has dealt with and studied the Council for Tobacco Research. And 7 8 Dr. Houston has read a lengthy letter from the CEO 9 of the Council for Tobacco Research, trying to justify that they're this wonderful organization, 10 and so he's had both sides of the story. 11 12 The AMA has studied it. He's a full-time 13 employee of the AMA. Dr. Glenn wrote a letter to 14 the AMA, the CEO of the Council for Tobacco Research, saying, everything we do is legitimate, 15 everything we do is on the up-and-up. Discussing 16 17 the grant programs. Now, also simply by looking at 18 someone with Dr. Houston's expertise, and this is 19 one of the questions I would ask him, he certainly knows the focus of their research. 20 21 Where am I going with this? To show, going 22 back to the 1954 Frank Statement, telling the 23 American public, we're going to get to the bottom of 24 the question, Does cigarette smoking cause health effects, and the focus of their research has had 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

nothing to do with that. They don't want the answer to that question. They want to tell the American public, We need to do more research, and 20 years from now, you know, they still want to be debating 5 this while 3,000 youngsters start smoking every day. 6 So that's where I'm going. And they've 7 known that for years. 8 MR. MOODHE: Your Honor, the issue on 9 the table at this moment is whether this witness is in a position, as an expert, to offer an opinion 10 about whether CTR's grant program and the processes 11 12 which awards monies conforms or doesn't conform as 13 to how other programs award money. That's the 14 factual evidence. 15 THE COURT: That's what the objection 16 was raised to. 17 MR. MOODHE: And that's what this 18 witness --19 THE COURT: How do you answer a 20 question like that, if the question is posed to you? 21 THE WITNESS: The question is whether 22 the CTR Scientific Advisory Board operates the same 23 way as other scientific advisory boards and whether 24 they give out grants the same way. THE COURT: The objection is you don't 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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have the information enough to be able to assess it.
1
                 THE WITNESS: And I probably don't from
    the point of view of how their Science Advisory
3
 4
    Board works.
 5
                 THE COURT: Okay.
 6
                 THE WITNESS: Because I've not seen
 7
    that process from the point of view of their special
8
    projects and how they work. I think I have a pretty
9
    good idea of how that works.
10
                 THE COURT: Okay. I'll sustain the
11 objection as it relates to the CTR grant fund
12
    program, because I really don't feel he has
13
    sufficient information and background material to
14
    determine how they work and what they do in granting
    or determining grants and what to assess it to and
15
16
    whatever else.
            Now, we get into this other area of special
17
18
    projects, and I assume you're going into that in the
19
    same way?
20
                 MR. ROSENBLATT: Yes.
21
                 THE COURT: Okay. You made reference
22
    to this letter.
23
                 MR. ROSENBLATT: Yes.
24
                 THE COURT: That's a special projects
25
    type letter, or is that a grant letter?
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MR. ROSENBLATT: It's a -- well, you
 1
 2 know, I don't want to --
 3
                 MR. MOODHE: Your Honor, it's one of
 4
    the exhibits that is on your desk, I believe.
                 THE COURT: All right. Which one? You
 5
 6
    make a reference to it.
 7
                 MR. ROSENBLATT: It's a letter signed
 8
    by Dr. Glenn.
9
                 MS. ROSENBLATT: No. 463, plaintiffs'
10
    exhibit.
11
                 MR. ROSENBLATT: The CEO.
                 MS. ROSENBLATT: It has Council for
12
13
    Tobacco Research U.S. on it.
14
                 THE COURT: I have the numbers. I'll
15 just look for the numbers.
16
                 Okay. It's a letter to James Todd, MD.
17
                 MR. ROSENBLATT: Yes, who is the
18 executive vice president of the AMA.
19
                 THE COURT: Okay.
20
                 THE WITNESS: He was at the time.
                 MR. ROSENBLATT: At the time.
21
                 THE COURT: By James Glenn. All right.
22
23
            And this is the letter you make the
24 reference to?
                 MR. ROSENBLATT: Yes, Judge. Dated
25
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1
    February 15, '95.
                 THE COURT: Right.
3
                 MR. ROSENBLATT: Yes. That's the
 4
    letter.
 5
                 THE COURT: Okay. Apparently what he
 6
    does is defend the CTR against what he perceives to
 7
    be accusations from elsewhere. The funding,
    research, it says none of that is correct.
8
9
                 MS. ROSENBLATT: What we're planning to
10
    do in terms of the time situation, Your Honor, just
    so that we don't spend a lot of time on the
11
12
    exhibits, we're putting these exhibits in, but I
13
    guess like we've done with other witnesses, we're
14
    going to do it on an exhibit afternoon day where
15
    we're just going to deal with exhibits.
16
            If we're trying -- we're going to have
17
    objections on some of these other exhibits. There's
18
    no way this witness will be completed, so Stanley is
19
    just going to ask him questions generally, without
20
    placing the exhibits into evidence --
21
                 MR. ROSENBLATT: Through him.
22
                 MS. ROSENBLATT: -- through him, at
23
    this point, just because of the time constraints
24
    right now.
25
            So this was just to show his familiarity,
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and there are a multiple of documents that he had
 1
 2 previously reviewed, none of which are privileged,
    that are part of this group.
            In terms of laying the foundation for his
 5
    familiarity with CTR, there will be some general
 6
    questions about CTR. You've sustained the objection
    as to the grant program, but, you know, we just want
 7
8
    to proceed with the general CTR questions, his
9
    familiarity with the AMA --
                 THE COURT: All right.
10
                 MS. ROSENBLATT: -- and so forth. And
11
    at this point, you know, we'll just defer on placing
12
13
    these in evidence.
14
                 MR. COFER: Your Honor, may I clarify
15
    one thing?
16
            If you're not going to place them into
17
    evidence, you don't read from them or have the
18
    witness read from them in front of the jury, because
19
    they're hearsay.
20
                 MS. ROSENBLATT: We're not going to
21
    read from them.
22
                 THE COURT: Okay.
23
                 MR. COFER: Or -- I'm sorry.
24
                 MR. MOODHE: With respect to the letter
25
    you just reviewed, I think if you read through it,
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you would see that there is no discussion of special projects or the processes by which special projects were funded or determined how they were going to be done, so that cannot be a basis for this witness' opinion in this case.

The witness stated that while he had read a couple documents, he characterized it in his own words as bits and pieces of information. That is not the way an opinion by an expert is formulated. It is not based on bits and pieces of things he may have read or picked up.

A systematic review is what's required for any expert to render an admissible opinion in this case. And this witness has not done that.

Moreover, as best we can determine based on this witness' deposition testimony, his knowledge about special projects emanated from The Cigarette Papers, which we've already discussed. It's not an appropriate --

THE COURT: Is that the main source of your information, The Cigarette Papers?

THE WITNESS: That's a good bit of it,
Your Honor, as well as reviews of -- excuse me -material that has been disclosed in other litigation in discussions with colleagues, reports by the Wall

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1 Street Journal and elsewhere. It has been -- I would characterize it more as systematic than bits and pieces, but you put the bits and pieces together to make an opinion. THE COURT: That's a problem with The 5 6 Cigarette Papers information, number one, any of the 7 documents from Brown & Williamson, which they 8 classify as privileged and stolen. Other litigation documents, I don't have any 9 knowledge of, so I'm not really sure. The 10 conversations with colleagues presents a problem 11 12 also. 13 MS. ROSENBLATT: I think experts rely 14 on conversations, conferences. 15 We can go through exhibits. The exhibits he's familiar with prior to The Cigarette Papers are 16 17 not privileged, and they are documents that discuss 18 the CTR. 19 The AMA -- at the present time there has 20 been an ongoing study and there have been 21 communications with the American Thoracic Society in 22 terms of the positions of journals through this 23 country of CTR. 24 THE COURT: The thrust of what you're saying here is that they set up a facade and they 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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really didn't do what they said they were going to
1
    do. They didn't really intend to do what they said
    they were going to do. That's the thrust of your
 4
    argument.
 5
                 MS. ROSENBLATT: Correct.
                 THE COURT: I don't know how it's going
 6
 7
    to be able to come out from this witness.
8
                 MS. ROSENBLATT: Because he studied it.
9
    He studied it. He has expertise.
10
                 THE COURT: I'm not sure. That's where
11
    I'm having a problem.
12
                 MS. ROSENBLATT: The AMA has, the
13
    witness has explained, and I guess --
14
                 THE COURT: That's what I want him to
15
    do. I want him to explain how he can make those
    statements and yet fall within the confines of the
16
17
    admissibility of the rules.
18
                 MS. ROSENBLATT: Okay. The ongoing --
19
                 THE COURT: You have to have some sort
20
    of direct knowledge by either your own investigation
21
    or investigation that you oversaw or that you're
22
    familiar with, along the lines of some credible
23
    research. That's what I need to know.
24
                 THE WITNESS: It's hard for me to
    detail precisely which reports I saw and at which
25
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point in time, but it corroborates and goes along with what was released through the Brown and Williamson papers about the CTR and special 4 projects. 5 I've been looking into this for a number of 6 years, and it goes back into the early '90s, I 7 suppose, when I began to understand through, again, 8 conversations with colleagues, looking at documents 9 that had come from other litigation, attendance at a variety of meetings in which this was discussed 10 generally. 11 12 The material that was put in the public 13 domain by The Cigarette Papers and their release 14 certainly cemented a lot of that and made it much more clear. 15 MS. ROSENBLATT: Now, there is ongoing 16 17 research that's -- and discussions and meetings at 18 the American Medical Association regarding this, so 19 maybe you could explain that to the Judge on CTR. MR. ROSENBLATT: Yes. In other words, 20 21 the official position taken by the AMA with respect 22 to the Council for Tobacco Research about the deans 23 of the medical schools. 24 THE WITNESS: Oh. 25

don't mean to nitpick, but my understanding of the rule is that counsel against whom or the party against whom the evidence is being offered is entitled to voir dire, and that once a prima facie 5 showing had been made that the witness does not have the basis for offering the opinion, that opinion is 7 inadmissible. The party proposing to offer the opinion testimony then has to put in the underlying 8 9 facts or evidence before the opinion. 10 THE COURT: That's what he's trying to 11 do. 12 MS. ROSENBLATT: And we had one 13 question that was up as to the grant program. 14 gone beyond that. 15 THE COURT: I'm trying to avoid another 16 session. 17 MS. ROSENBLATT: Yes. 18 THE COURT: So we're getting into this 19 special project session. So why don't you explain 20 what it is that you know about this system and the 21 program that you're talking about. 22 THE WITNESS: The policy statement to 23 which counsel refers came up a bit over a year ago 24 at the AMA, in which the American Thoracic Society and others introduced a policy resolution of --25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

stating that the AMA should adopt a policy encouraging medical schools, cancer research institutions and other groups like that not to receive funds and engage in cooperative research with the Council for Tobacco Research and other analogous groups.

That was based on information supplied to us in testimony at the reference committee by the Thoracic Society and other individuals who were delegates to the house, that related, among other things, to the way the special projects were handled and the general lack of fulfilling of the promise of the CTR, if you will, as was alluded to previously by counsel.

In addition, ethical considerations of where that money came from ultimately, that is, from the purchase of cigarettes and the ultimate disease and death that results from that, given that CTR is funded by the industry, was felt to be an ethical dilemma for institutions and hospitals, and the AMA subsequently adopted the policy.

A letter then went out to medical school deans advising them of this AMA policy, that we felt it was inappropriate for hospitals, medical schools and research institutions to receive money from the COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

tobacco industry or its research institutions. 1 MR. MOODHE: I think it's quite clear from the witness' answer that the information doesn't provide a factual basis for allowing him to 5 offer an opinion here. In the course of that, all he said was there were some people who came in and 7 offered some information. He's not -- this witness 8 did not go out and do any research, do any hands-on 9 analysis of special projects or, for that matter, any other aspect of the CTR. 10 11 And the case law is quite clear, this 12 literature -- this witness hasn't even approached 13 having done a systematic review of evidence or literature. And that's what the Florida Supreme 14 15 Court in the Forman case said in April wouldn't even be enough to qualify a witness to offer an opinion. 16 17 All this witness can offer is bits and 18 pieces of information he picked up along the way 19 from a document here, from The Cigarette Papers, 20 from some conversations with people in the medical 21 profession. 22 THE COURT: Let me make a distinction 23 here that maybe we haven't made yet that may relate 24 to him offering an opinion. Well, what he's just related to was the policy of the AMA. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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                 THE WITNESS: That's correct.
2
                 THE COURT: It was entirely based on
3
    an opinion.
 4
                 MR. MOODHE: If he wants to testify
 5
    about the fact that the AMA has a policy --
                 THE COURT: And the reason for it.
 6
 7
                 MR. MOODHE: -- that's a different
8
    issue.
9
                 THE COURT: Yes.
                 MR. MOODHE: That has a separate set of
10
    problems. But it is not expert testimony. Right
11
    now, I'm concerned with, is he going to be permitted
12
13
    to offer an opinion about special projects or about
14
    the grant program.
15
                 THE COURT: Okay.
16
                 MR. MOODHE: That's where the factual
17
    basis -- that's where the expertise is fundamentally
18
    insufficient.
19
                 THE WITNESS: The AMA made its opinion
20
    about whether to adopt that resolution or not based
21
    on information supplied to its reference committee a
22
    couple of years ago by persons from the American
23
    Thoracic Society and elsewhere, who presented their
24 opinions to the AMA and the policy was passed.
25
                 THE COURT: That's a different area.
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What we're talking about is your personal opinion.
 1
                 THE WITNESS: I understand.
                  THE COURT: As to whether it is or not
 4
    functioning as they said it would function or not
     functioning as they said it would function. And
 5
     that has to be based upon something a lot more than
 7
    that.
 8
             I'll sustain the objection as it relates to
     and that, and we'll get into other areas.
 9
10
            Let's bring the jury in.
11
                 MR. WHITING: Your Honor, if I can
12
    avoid this, if counsel intends to ask him about this
13
    AMA policy, I would like to simply state an
14
    objection on the record on hearsay and relevance and
15
    prejudicial grounds, so we don't have to interrupt
16
    and have a sidebar at that point, if he intends to
17
18
             I think it is irrelevant, highly
19
    prejudicial. The probative value would outweigh --
    would be outweighed by the prejudice and double and
20
21
    triple hearsay based on what he says is the basis
22
    for it.
23
                  THE COURT: Overrule the objection.
24
             All right. Bring the jury in.
25
             (The jury entered the courtroom.)
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(By Mr. Rosenblatt) Dr. Houston, has the American Medical Association adopted a formal policy of -- a formal institutional policy, with respect to the Council for Tobacco Research and, if so, tell us what that policy is.

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A. The AMA has adopted a policy which states that research institutions, hospitals, medical schools and so forth, should not engage in grant activities that are funded by the Council for Tobacco Research, by The Tobacco Institute, or the Center For Indoor Air Research and other groups, including direct funding from the tobacco industry.

I recognize that The Tobacco Institute itself doesn't give out grants, and I misspoke when I said that, but from the industry and its analogous research groups, the AMA has in fact an official position that says that hospitals and medical institutions should not deal with them.

- And what's the reason for that policy? Q.
- Α. There were several reasons, one being that the institutions that we have listed seem to have policies that don't conform to, in some cases, legitimate scientific research principles that we 24 talked about earlier and how scientific research is handled and how money is distributed.

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MR. MOODHE: Objection, Your Honor. 1 2 THE COURT: Overruled.

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We also formulated that policy based on the full -- the failed promise of the Center for Tobacco Research and other groups, in their failure to live up to their promise of really finding out the answers to the questions that relate to tobacco and illness; that is, that these institutions purported 9 themselves to be interested in finding out those 10 answers of whether smoking causes illnesses, and it seemed to the AMA that that was not going on and that it was not appropriate for the scientific community to continue to participate in questions that were not really being answered in that fashion.

And finally, the reason for the policy was that we didn't feel it was ethically proper for physicians and hospitals to take money that ultimately came from the sale of tobacco products and, thereby, the suffering and death of our patients.

Dr. Houston, as a -- in terms of the process Q. itself, how did the American Medical Association, as 23 an official organization, make known this policy to 24 medical schools and to hospitals and other 25 institutions?

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It was covered in the -- in the proceedings 1 Α. 2 of the House of Delegates and that got picked up a little bit in the press, but we also sent out a letter to medical schools and to research 5 institutions advising them of this policy and of the reasons for it.

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In addition, we adopted a subsequent policy stating that in our opinion scientific and medical journals should not accept research papers that were funded by the tobacco industry or its analogous 11 research institutions.

- You had mentioned earlier the Center For Indoor Air research. What is that?
- A. That's another tobacco industry research group that is funded by the industry that does purport to do research on indoor air quality issues.
- Q. And was that covered within the letter that was written to the deans of medical schools and the hospitals?
- 20 A. Yes. There was a list of organizations that 21 were covered under that policy that went out in that 22 letter.
- 23 Have you made a study of the relative 24 exposure -- I don't mean from the standpoint of a chemist or from the standpoint of a purely technical COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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assessment of the atmosphere, but have you made a study and analysis of the exposure to secondhand smoke that flight attendants are subjected to compared with workers in other fields?

A. Yes, I have looked into that.

Q. And what have been your conclusions as to the level of exposure of flight attendants compared with other workers?
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A. My review was of a study that was done in airplanes, by James Repace and others, in using exposure meters to determine the level of various chemicals in the air in airline cabins, in different sections of the airplane while they were in flight, and comparing that to several studies in other workplaces and in the home and other places where secondhand smoke is common.

17 MR. COFER: Excuse me, Your Honor. May 18 I approach?

19 THE COURT: Yes, sir.

(The attorneys and the court reporter approached the bench, and the following proceedings were had outside the hearing of the jury.)

MR. COFER: Your Honor, the objection is simple. This is duplicative. We had two experts yesterday that actually participated in the studies, COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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went on, talked about the measurements. We have had 1 2 other experts talk about the measurements. This person is trying to rely on one study. On the one hand we are talking about 5 interest of time and him trying to catch a flight 6 and me cutting down my cross examination. I just 7 don't think we should be able to let him now give 8 hearsay on one study when we had eight hours of 9 testimony on it yesterday. 10 THE COURT: He hasn't said anything 11 about the hearsay, but he said that one study. He mentioned the name of it. Then he said several 12 other studies. He's talking about several other 13 things. He may have more information than the other 14 15 ones did. I'm not sure. 16 MR. COFER: It's cumulative, Your 17 Honor. 18 THE COURT: He can express an opinion. 19 MR. WHITING: For the record, I would object. This is outside the confines of this 20 21 expert. He cannot become an expert by going out and 22 reading a bunch of studies. There is no indication 23 of any credential that he has any competence to 24 testify to exposure matters, and this is again just

introducing hearsay through an expert as a conduit.

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1
    That's my objection.
                 MR. COFER: But the other point is the
    fair cross examination is the Airliner Report, the
    GEOMET Report, all the stuff we talked about
    yesterday. If this guy is going to hang himself out
 5
    to offer an opinion, we are entitled to show it
    doesn't have any basis and it flaws the opinion. If
 7
8
    he misses his seven o'clock flight, it ain't my
9
    fault.
10
                 THE COURT: Overruled.
11
                 MR. ROSENBLATT: It is too.
12
                 (The following proceedings were had
13
    within the hearing of the jury.)
14
       Q. (By Mr. Rosenblatt) I am basically asking
15
    you for your bottom line opinion as to the
    comparison between the exposure to secondhand smoke
16
17
    of flight attendants compared to other workers.
18
       A. Yes. And my bottom line opinion is that
19
    airline attendants would have been exposed to the
20
    smoke in, compared to other workplaces -- for
    example, in the smokiest bars and restaurants -- and
21
22
    that the smoking sections in the airplanes would
23
    have been, as far as I can tell, smokier, from the
24 point of view of the particles in the air, than 80
    percent of the workplaces and home environments
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1 where smoke is common. Q. Now, I had asked you earlier about the AMA's position and your position with respect to the final draft report of the Environmental Protection Agency. Now, what is -- what is the position of the 5 6 American Medical Association with respect to the 7 accuracy of the 1986 Surgeon General's Report and 8 the 1986 Report of the National Academy of Sciences 9 on the issue of secondhand smoke causing disease? 10 A. A systematic review of those particular 11 documents was not done by AMA staff at the time, as 12 far as I can tell. But taken as a whole, we think 13 that they strongly support the proposition that 14 environmental tobacco smoke causes lung cancer. 15 When you look at the weight of the evidence in total, it's not just one agency that is saying 16 17 that environmental tobacco smoke causes lung cancer. 18 The Surgeon General, the National Academy of 19 Sciences, a large review in Britain that same year, 20 1986, came to the same conclusions independently. Other reviews were done in the literature after 21 22 that, and then the EPA report weighed in in 1992, 23 24

Subsequent to that there have been other reviews which have looked at it and have similarly COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

been confirmatory -- the California EPA just this
vear.

- Q. And, Dr. Houston, what is your opinion, based upon reasonable medical probability, as to whether secondhand smoke causes disease in healthy nonsmokers?
- A. My opinion, and also that of the American Medical Association, is that environmental tobacco smoke is a cause of lung cancer in healthy nonsmokers, is a cause of disease of other sorts as well.

The literature is not quite as firm on environmental tobacco smoke as a cause of heart disease, but it is highly, highly suggestive that there is a link, a causal link between environmental tobacco smoke exposure and heart disease, as well as respiratory conditions such as asthma and a great variety of illnesses in children, including asthma, middle ear disease, pneumonia, bronchitis, and Sudden Infant Death Syndrome.

Q. Dr. Houston, with respect to the issue of banning smoking in certain indoor environments, whether it be governmental offices, restaurants, whatever, is that an issue that you have followed both on the federal and state level?

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1
       A. Yes, it is.
       Q. What has been the consistent position of the
    tobacco industry, and specifically Philip Morris,
    R.J. Reynolds, Brown & Williamson and Lorillard,
 5
    with respect to banning smoking indoors?
                 MR. COFER: Objection, lack of
 7
    foundation.
                 THE COURT: Well, I guess you will have
8
    to set a predicate.
9
10
      Q. Is this an issue that you studied, that you
    are knowledgeable about?
11
12
      A. Yes, it is, and our state medical societies,
13
    in partnership with other health groups across the
14
    United States, have been following this very
15
    closely, as well as the AMA at a national level.
16
       Q. Is that something you have kept track of?
17
       A. Yes, it is.
18
       Q. So what has been the consistent position of
19
    the tobacco companies with respect to any move to
    ban smoking in indoor environments?
20
21
       A. It has generally been---
22
                 MR. WHITING: Your Honor, excuse me.
                 THE COURT: Yes, I hear you.
23
24
                 MR. WHITING: May we approach?
25
                 THE COURT: I suppose so.
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(The attorneys and the court reporter
 1
     approached the bench, and the following proceedings
     were had outside the hearing of the jury.)
                 MR. WHITING: Your Honor, this whole
     line of questioning is directly into the lobbying
 5
    rulings you have already entered and to our position
 7
     with respect to our exercise of First Amendment
 8
    rights with respect to state legislators, local
 9
    ordinance -- I thought the Court said lobbying
     activity was not to be a part of the case and ruled
10
    it should not be part of the testimony. That's
11
12
     exactly what he's talking about.
13
                 THE COURT: Not necessarily so.
    There's lobbying and other things. Not everything
14
15
    they do is lobbying, so I can't rely totally, every
16
    time they open their mouth, it's a lobbying thing.
17
                 MR. MARTINEZ: When we argued it, we
18
     argued specifically about the ability of the tobacco
19
     companies to go to their representatives --
20
                  THE COURT: Yes, but we're not talking
21
     about that.
22
                 MR. MARTINEZ: -- to oppose any
23
    legislation that was -- what he's asking them now is
24
    what was their position or if their position was to
    oppose. If they want to ask if they approached him
25
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or approached somebody else, but to -- just that
1
    generally, clearly that's what they are mostly
    talking about. He's trying to back door you.
                 THE COURT: The medical society and to
 5
    the general public -- that wouldn't be lobbying.
 6
    Okay. If he knows.
 7
                 MR. MARTINEZ: If he knows, then---
8
                 THE COURT: He said he made the study
    of it.
9
10
                 MR. MARTINEZ: As to the other, I
    disagree, but I understand your ruling.
11
12
                 THE COURT: Get away from any lobbying
13
    activity.
14
                  (The following proceedings were had
15
    within the hearing of the jury.)
      Q. (By Mr. Rosenblatt) Dr. Houston, I am not
16
17
    asking you specifically about the nitty-gritty
18
    activities that the tobacco companies would have
19
    been involved in, but from a policy standpoint, what
20
    has been their consistent position with respect to
    public hearings relating to issues of banning
21
22
    smoking in indoor environments, whether at the
23
    federal, state or local level?
24
                 MR. WHITING: Same objection.
25
                 MR. MARTINEZ: Same objection. Talking
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1 about public hearings. THE COURT: I don't know. It's such a broad area there. Why don't you rephrase the 3 4 question? 5 MR. ROSENBLATT: Okay. 6 Leaving out the concept of federal, state, Ο. 7 local, but whenever the issue, whenever the issue of banning smoking in an indoor environment came up, 8 based on your studying, based on your knowledge, has 9 the tobacco industry, the tobacco companies, taken a 10 11 consistent position? 12 MR. MARTINEZ: Your Honor, that's not 13 the question he said he was going to ask. That's 14 not the question you said he could ask. 15 THE COURT: No, but on the other hand, 16 there is no requirement he has to ask that question 17 again. 18 MR. MARTINEZ: I object to this 19 question, Your Honor. It's clearly not in the area 20 you permitted a question be asked. 21 MR. ROSENBLATT: I don't want to argue with Counsel. 22 23 THE COURT: All right. Don't argue 24 with him then. I would like to narrow it, as we have 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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1
    discussed, okay, so we won't run into these
    problems.
                 MR. ROSENBLATT: I really thought that,
 4
    you know, I was complying with what I heard up
5
    there. I am simply asking---
                 THE COURT: Well, you can -- all right.
    Go ahead. I don't want to have another sidebar.
 7
8
    See if you can do it with this question. Go ahead.
9
    Ask the question.
10
      Q. What I am asking you is -- this is an issue
    you have studied?
11
12
           Yes, sir.
           The issue of banning smoking in indoor
13
       Q.
14
    environments?
15
      A. Yes, sir. One -- let me explain it a little
16
    and it may help to -- the judge to understand.
17
                MR. MARTINEZ: Your Honor, I can't
18
    object to an explanation, Judge, because I don't
19
    know what he's explaining.
20
                 THE COURT: Come sidebar and I will
21
    discuss it with you again.
22
            Let me discuss it.
23
                 (The attorneys and the court reporter
24
    approached the bench, and the following proceedings
    were had outside the hearing of the jury.)
25
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THE COURT: The problem is that this 1 witness may not know about the lobbying, and what he may believe to be the position may not be the position that the Court can take. So I tried to 5 narrow it down to within the medical field and within the public field, and then I am not talking 7 about lobbying activities. 8 I don't know what he knows about it. You have to establish some sort of predicate as to what 9 10 he's going to be talking about. 11 Now, if they have had medical discussions 12

about it and they're opposed, if they have gone through surveys and so forth with doctors and the tobacco industry and all of that sort of thing, trying to find out whether or not their position is for or against, that's one thing. The lobbying activities go into the public arena of legislative acts, okay? I am not talking about having seminars out in the public. I don't think that's lobbying as we know lobbying. You may think it is.

21 MR. MARTINEZ: I don't think so either,

22 Judge.

13

14

15

16 17

18

19

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THE COURT: That's what I'm saying. If 23 24 he could correlate all of that, that's fine. When we start talking about hearings and legislative 25

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- 7273 sessions, then we are talking lobbying. So let's 1 see if we can narrow it within that field. MR. MARTINEZ: I thought he was going 4 to ask him about his experience from the AMA, the 5 tobacco industry approaching the AMA---6 THE COURT: Or them approaching, either 7 way. 8 MR. MARTINEZ: That's not a problem. 9 THE COURT: That's what I thought we 10 were going into. 11 (The following proceedings were had 12 within the hearing of the jury.) 13
 - Q. (By Mr. Rosenblatt) Dr. Houston, from the standpoint of the tobacco industry approaching or interacting with the American Medical Association on this issue, in terms of public discussions, public debates, seminars, what has been the consistent position of the tobacco industry with respect to banning secondhand smoke in indoor environments?
- 20 A. Their position has been that such bans were 21 not necessary.
 - Q. And is that their position to this day?
- 23 A. Yes, it is.

16 17

18

19

22

24 Q. Dr. Houston, have you ever testified in court before today in a case against the tobacco COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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1
   companies?
      A. I have not.
3
      Q. Are you charging for your services?
 4
      A. Only my airplane expenses.
5
      Q. Only your out-of-pocket?
6
      A. Correct.
7
      Q. Thank you, sir.
8
                THE COURT: All right. Cross, please.
9
                MR. COFER: Yes, Your Honor. I have
10
   some.
                   CROSS EXAMINATION
11
12
   BY MR. COFER:
13
     Q. Good afternoon, Dr. Houston. My name is
14
    Walt Cofer. I represent Lorillard and
15
    Philip Morris.
16
           Now, you just told the jury that you
17 believe, or you have opinions, rather, on secondhand
   smoke and lung cancer and heart disease, correct,
18
19
    Doctor?
20
      A. That's correct.
21
          And you are board-certified in family
       Ο.
22 practice, right?
23
      A. That's correct.
24
       Q. You are not an expert in oncology, are you?
25
       A.
          No.
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- 1 Q. You are not an expert in epidemiology, are
- 2 you?
- A. I'm not.
- Q. Or statistics or biostatistics?
- 5 A. No.
- 6 Q. You don't hold yourself out to your
- 7 colleagues or your patients as an expert in
- 8 pulmonology, do you, sir?
- 9 A. Not any further than any other family
- 10 physician does?
- 11 Q. Or cardiology, correct?
- 12 A. No.
- 13 Which treat a lot of patients who have both
- 14 heart and lung diseases, however.
- 15 Q. You don't have a degree in public health, do
- 16 you?
- 17 A. I don't.
- 18 Q. You have never conducted any original
- 19 research on the health effects of secondhand smoke,
- 20 have you, Doctor?
- 21 A. I have not.
- Q. Or the chemistry of either tobacco smoke or
- 23 secondhand smoke, right, sir?
- A. That's correct.
- Q. You have never conducted any original COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- 1 research on the causes of lung cancer or heart
- 2 disease, have you, sir?
 - A. That's correct.
- Q. Now, you are the point person for the
 American Medical Association's anti-tobacco efforts,
- 6 correct, Doctor?
- 7 A. Yes.
- 8 Q. You consider yourself to be an anti-tobacco 9 advocate?
- 10 A. I consider myself to be a pro-health
- advocate. The other side of that coin, in terms of tobacco control, as called by someone, anti-tobacco
- 13 advocate.
- Q. You certainly don't object to that the characterization, do you, Doctor?
- 16 A. No.
- 17 Q. A goal of the American Medical Association
- 18 is to reduce tobacco use, right, sir?
- 19 A. That's correct.
- 20 Q. If it were reduced to zero, it wouldn't
- 21 bother you, would it?
- 22 A. That would be the best for public health.
- 23 Q. You do have strong feelings about cigarettes
- 24 and cigarette companies, don't you, sir?
- 25 A. I do, and so does the American Medical COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- 1 Association.
- Q. You characterized the activities against smoking as a war, haven't you, Doctor?
- A. I have, and so have a great many other people.
 - Q. You believe it is a war, don't you, sir?
- 7 A. Yes.
- 8 Q. You are fighting battles in that war every 9 day, aren't you?
- 10 A. That's correct.
- 11 Q. And your father was a cigarette smoker,
- 12 correct, Doctor?
- 13 A. Winstons.
- 14 Q. And he died of coronary heart disease,
- 15 right?

- 16 A. Yes.
- 17 Q. And in May of 1986, you wrote an editorial 18 about cigarette smoking that was essentially a
- 19 eulogy to your father, correct, sir?
- 20 A. Yes, it was.
- 21 Q. You stated in that editorial, quote:
- 22 "Prevention has taken on a new dimension for me, a
- 23 new intensity. It's personal now." Correct, sir?
- 24 A. Yes.
- Q. As a general rule, Doctor, you believe COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- tobacco companies should be held liable for lawsuits
 brought by smokers, correct?
- A. I don't know of how one can generalize on that. I think there is a liability issue that comes into question. I believe there is liability associated with the actions of the tobacco industry, yes.
- 8 Q. Your deposition was taken in this matter on 9 June 9, 1987. You were under oath then, just as you 10 are today, correct, sir?
 - A. Yes.
- 12 Q. On page 90, line 23, you were asked this 13 question:
- Do you believe the tobacco companies should be liable for damages in lawsuits brought by smokers?
- 17 ANSWER: Generally, yes.
- 18 That was your testimony, correct, Doctor?
- 19 A. Yes.

- Q. You consider the companies that sell tobacco products to be your enemy, correct?
- 22 A. That's a way to characterize it.
- Q. You believe that a physician or dentist must take care to create an alliance with the patient against an enemy and that that is a company selling

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- 1 tobacco products, right?
- A. I don't know about creating an alliance against an enemy with patients. That's generally not something that I have been personally engaged in.
- Q. Again, on page 92 of your deposition, under oath, taken June 9, 1997, line 13, you were asked this question and gave this answer:

9 Do you agree with the statement a physician 10 or dentist must take care to create an alliance with 11 a patient against an enemy; that is, the company 12 selling tobacco products?

13 ANSWER: I think that's a pretty accurate 14 statement.

That was your sworn testimony in June, correct, sir?

- A. Could I see the deposition, please?
- 18 Q. Absolutely.
- MR. COFER: May I approach, Your Honor?
 THE COURT: Sure.
- Q. You are Thomas Houston, correct?
- 22 A. Yes.

17

- 23 Q. Right there.
- A. That's okay.
- Q. You told us that you had an opinion how COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- smoky it is in aircraft cabins. I think you said smokier than 80 percent of the levels in homes and workplaces, correct?
- A. Yes, that's based on reading that I have done that looks at -- has tried to quantify that.
- Q. Now, what I would like you to do for me, I don't want you to describe it, but I want you to tell the jury every article, every study you relied on in giving that opinion.
- 10 A. I have -- in looking at that opinion, I have 11 read two or three studies on the measurement of 12 smoke exposure in homes and workplaces. The most --13 the one I used the figure of 80 percent was based on 14 a study done in Oak Ridge or done from Oak Ridge, 15 Tennessee.
 - Q. Let me interrupt.

17

- A. To try to quantify that---
- 18 Q. All I want is a list. So Oak Ridge, the 19 homes and workplaces, that was one study. What 20 else?
- 21 A. I'm sorry. I don't have an encyclopedic
 22 memory about articles, so I can't cite you other
 23 articles specifically. I have read several over the
 24 last year, set of years, that try to relate this, so
 25 I have a general background, a general basis for
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1 that.

5 6

7

12

13

14 15

16

The Oak Ridge study is the one that comes to mind most acutely, because it did try to stratify

Q. Well, here's what I want to get an appreciation of. You took the stand, you swore to tell the truth, under oath, and you told this jury 8 that you have an opinion that smoking in commercial airlines -- that the levels of smoking were --9 exceeded 80 percent of those in workplace exposure 10 studies and in the home studies. 11

Now, I just want a list. I don't need an encyclopedia memory, but I want a list of every study that you relied on. Oak Ridge is one. Do you recall any others?

- A. I don't, sir.
- 17 Q. Do you have any knowledge of the ventilation 18 rates of airliner cabins?
- 19 A. Not directly, no.
- You are not familiar with filtration systems 20 Q. 21 in airplanes, are you?
- 22 A. I'm not.
- 23 Q. You have no idea what the relative humidity 24 is in aircraft cabins?
- Except sitting in airplanes myself and 25 COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

- 1 experiencing it.
- Q. Certainly you could not quantify for this jury, could you?
- 4 A. I could not.
- Q. Don't know what the temperature range is in airline cabins?
- 7 A. No.
- 8 Q. It's true, isn't it, that ventilation,
- 9 filtration, humidity and temperature affect
- 10 secondhand smoke levels in the environment, right?
- 11 A. They can.
- 12 Q. You are not an expert in aerospace medicine?
- 13 A. That's correct.
- 14 Q. You have never conducted any original
- 15 research concerning the occupational and
- 16 environmental exposures flight attendants have in 17 airplanes?
- 18 A. That's correct.
- 19 Q. Or how much secondhand smoke they were
- 20 exposed to in airplanes?
- 21 A. That's correct.
- 22 Q. You have never treated a flight attendant
- 23 for any problems related to secondhand smoke?
- 24 A. That's correct.
- Q. You haven't been the treating physician for COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

any of the plaintiffs in this case? 1 A. True. Q. You would agree, wouldn't you, Dr. Houston, 4 that your testimony in this case is intended to aid the plaintiffs in their battle against the tobacco 5 industry, correct, sir? A. My testimony in this case is based on a 7 request by plaintiffs' lawyers. If that has a 8 secondary benefit in aiding the plaintiffs in their 9 fight against the industry, I suppose that's what it 10 11 is. 12 Your deposition, page 93, line 21: Q. 13 But you agree that your providing testimony 14 in this case would aid them in their battle, as you 15 might put it, against the tobacco industry? 16 17 That was your answer to that question, 18 correct, sir? 19 Yes. Α. And that battle is just one small part of a 20 Q. 21 larger war, correct, Doctor? 22 A. I suppose it is. 23 Q. You are critical of R.J. Reynolds' ad with 24 respect to the MRFIT study, correct, Doctor? 25 A. Yes. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

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- You are going to have to help me a little 1 2 bit with this, but as I understand it, MRFIT was a multivariant intervention study; is that right?
 - Yes.

6

9

15

16

19

20

25

- What that means is they took two groups of Q. people -- they were looking to see whether certain 7 things affected rates of coronary heart disease, 8 right?
 - A. Yes.
- 10 Q. Specifically what they were looking at was whether blood pressure, cholesterol, and smoking 11 12 would cause more heart disease than people who 13 didn't have high blood pressure, high cholesterol 14 and didn't smoke, right?
 - A. Right. They looked at a variety of issues in the population that was being studied.
- 17 Q. These were the three factors they tried to 18 control for, right?
 - A. They tried to control for everything they could, but those were three of them, yes.
- 21 Q. They were three that they studied, right? 22 You were critical of Reynolds taking out an ad 23 basically saying the study showed no difference 24 between the two groups, right?
 - Correct.

- 1 Q. That's what the study showed, right?
 - A. Excuse me?
 - Q. That's exactly what the study found, there was no difference between the two groups, right?
- A. As I recall, there has been some analysis of cigarette smoking in the MRFIT study that does in fact show that there was a difference, looking back at the figures, and showing that cigarette smoking does play a part in coronary heart disease and that the MRFIT study showed that.
- 11 I can supply the article to you at a later 12 date.
- Q. Okay. Let's talk about the article,
 Multiple Risk Factor Intervention Trial, Risk Factor
 Changes and Mortality Results, published in the
 Journal of the American Medical Association on
 September 24, 1982. That in fact is the MRFIT
 study, correct, Doctor?
- 19 A. Yes.
- Q. Page 1476. The overall results do not show a beneficial effect on CHD, coronary heart disease, or total mortality from this multifactor intervention, right?
- A. If you say so. I don't have the article in front of me.

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      Q. I can show it to you if you would like.
1
           Have I read that correctly? Have you had a
    chance to read that section, Doctor?
 4
      A. Yes. And further along in the document it
5
    also---
 6
     Q. I will give you a chance to explain, but
7
    please answer my question.
8
                THE COURT: It's in context with the
9
   statement. He's entitled to read it.
10
                MR. COFER: That's fine.
11
      A. The context of your statement had to do with
12
    the overall results --
13
      Q. Right.
14
       A. -- of a multifactorial intervention. With
15
    respect to individual interventions -- and again,
    it's been years since I read this study, so I would
16
17
    have to go back and look at it again, but in regard
18
    to individual interventions it says that -- I am
19
    reading from the conclusions here: Measures to
```

22 disease mortality within subgroups. 23 Q. Right. Now, would you answer my question, 24 and that is: The conclusion of the report was, 25 quote, "The overall results do not show a beneficial COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

cholesterol levels may have reduced coronary heart

reduce cigarette smoking and to lower blood

20

21

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effect on coronary heart disease or total mortality
from this multifactor intervention." Did I read
that correctly, sir?
```

- A. Yes, you did. And as I said earlier, further analysis of the cigarette smoking data from MRFIT showed that cigarette smoking did in fact play a part in coronary heart disease mortality and that stopping smoking did have a beneficial effect on the MRFIT subjects.
- Q. R.J. Reynolds was not the only source that criticized the MRFIT study, was it.? Have you ever heard of the American Journal of Epidemiology?
 - A. Yes.

7

8

9

13

14

- Q. Is that a respected journal?
- 15 A. Yes, it is.
- 16 Q. This is a study, June, 1983, Reviews and 17 Commentary, Mortality and the Multiple Risk Factor 18 Intervention---
- 19 MR. ROSENBLATT: I will object to 20 Counsel simply reading from this.
- 21 MR. COFER: This is an opportunity,
- 22 Your Honor, to challenge the witness's opinion. He
- 23 said -- shall we approach sidebar?
- 24 THE COURT: I guess we're going to have 25 to go sidebar.

```
(The attorneys and the court reporter
1
    approached the bench, and the following proceedings
    were had outside the hearing of the jury.)
3
 4
                 MR. COFER: The witness suggested that
 5
    Reynolds did something.
                 MS. ROSENBLATT: He did not testify
 7
    that he's familiar with the study, he knows anything
8
    about the study. To now start reading from some
9
    study, we totally object. Unless he states he's
    familiar with it, he cannot just introduce it.
10
                 THE COURT: One is if he's familiar
11
12
    with it, the other is whether the Court recognizes
13
    it as an acceptable scientific document or paper.
14
                 MR. COFER: Johns Hopkins.
15
                 THE COURT: This is the American
16
    Journal of Epidemiology.
17
                 MR. COFER: Johns Hopkins. The witness
18
   testified it's a respected journal. I am going to
19
    read one passage which deals with criticisms of
    conclusions of MRFIT. He suggested in his direct
20
21
    examination in questions from Counsel---
22
                 THE COURT: Let me read it.
23
                 MR. COFER: Right here. He suggested
24
   in his---
                 THE COURT: Now, it does cite some
25
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figures and I don't know where they got the figures.
1
                MR. COFER: MRFIT study, that's the
    MRFIT study. What this witness has suggested and
 4
    left in this jury's mind is that Reynolds was
    quibbling with the science of MRFIT.
 5
 6
            The fact is the Journal of Epidemiology is a
    publication that this witness has recognized as
7
8
    prestigious.
9
                 THE COURT: Why don't you ask if he
10 knows who this Reuel A. Stallones is, the reviewer.
                 MR. COFER: Even if he doesn't, I
11
    should be able to ask him if he agrees---
12
                 THE COURT: That's the second problem,
13
14
   because I don't know the answer. I'm not even sure
15
    that --
                 MR. COFER: I will---
16
17
                 THE COURT: -- this might be acceptable
18 to anybody else. Maybe people will look at this and
19
    criticize. He makes a statement here it has nothing
20
    to do with---
21
                 MR. COFER: I won't read that part of
22
   it. I won't read the last part. My point is it's
23 unfair for plaintiff to suggest Reynolds is the only
24 one criticizing.
            I have another, Lancet, one of the most
25
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respected medical journals in the world. I will ask
1
    him that as well.
                 THE COURT: This is his opinion.
                 MR. COFER: They opened the door. They
4
5
    asked the basis. I am entitled to---
                 THE COURT: First ask if he knows who
    the person is and has read this thing. The second
7
    prong is whether it's acceptable or not. I think it
8
9
    is.
10
                 (The following proceedings were had
11 within the hearing of the jury.)
12
     Q. (By Mr. Cofer) I think you told me,
    Dr. Houston, that the American Journal of
13
14
    Epidemiology is a respected journal; is that
15
    correct?
      A. Yes.
16
17
      Q. It is a peer-reviewed journal, to your
18 knowledge?
19
      Α.
           Yes, it is.
           Formerly the American Journal of Hygiene,
20
       Q.
21
    right?
22
      A. Yes.
           Ever heard of Reuel Stallones,
23
       Q.
24 S-t-a-l-l-o-n-e-s?
25
      Α.
           No, I have not.
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Q. You do accept, however, that this is a 1 peer-reviewed prestigious American journal, correct? 3 A. Yes. 4 Q. I would like to ask you---MR. ROSENBLATT: I will object. We are 5 6 talking now maybe of a prestigious journal, but we are talking about an author that this doctor has 7 8 never heard of. THE COURT: I understand, Counsel. 9 10 Subject to the rule, overruled. Q. On June 1983, Volume 117, No. 6, American 11 12 Journal of Epidemiology -- again, this is the 13 opinion of Reuel Stallones. 14 "My conclusion is that the best explanation 15 for the failure to detect a beneficial effect in MRFIT is that no benefits accrued. No amount of 16 17 squirming on the book -- "on the hook alters the fact that for every 1000 test subjects 41.2 died and 18 19 for every 1000 control subjects 40.4 died." Mr. Stallones and the American Journal of 20 21 Epidemiology was critical of the conclusions of 22 MRFIT as well, correct, sir? 23 A. It sounds as if he was. 24 Q. Any reason to believe he was affiliated with 25 R.J. Reynolds?

- 1 A. I have no idea.
- Q. Have you ever heard of a publication called The Lancet?
- 4 A. I have.
 - Q. Is that a prestigious peer-reviewed journal?
- 6 A. It's a British journal, yes.
- 7 Q. Is it prestigious and peer-reviewed?
- 8 A. Yes.
- 9 Q. One of the leading ones in the world,
- 10 correct?

- 11 A. Correct.
- Q. And again, with respect to MRFIT: "One can only offer sympathy to the investigators, who have so painstakingly conducted and analysed this vast effort to so little scientific profit. The results prove nothing, and we must turn elsewhere to answer the question, Does prevention work?"

18 Any reason to think that The Lancet 19 publishes ads from R.J. Reynolds?

A. As far as I know, it doesn't, sir. I don't know, though, whether that's a peer-reviewed article review of the MRFIT or an editorial. But it's part of the scientific process, in fact, for big surveys and things like the MRFIT to be analyzed and to be discussed in the medical literature back and forth.

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And as I have indicated, subsequent analysis has
looked at the cigarette smoking piece of it
independently.
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- I would like to ask you about the scientific 5 process that you just alluded to, and I want to read you the statement and ask if you agree: This is the 7 way science is supposed to work. A scientist 8 observes a certain set of facts. To explain these 9 facts, a scientist comes up with a theory. Then, to check the validity of the theory, the scientist 10 performs an experiment. If the experiment yields 11 12 positive results, and is duplicated by other 13 scientists, then the theory is supported. If the 14 experiment produces negative results, the theory is 15 re-examined, modified, or discarded.
- MR. ROSENBLATT: Who is that from?

 MR. COFER: That's the MRFIT ad, the

 R.J. Reynolds MRFIT ad.
- 19 Q. Do you agree with that statement,
 20 Dr. Houston?
- 21 A. Yes. In general, that statement is in fact 22 correct.
- Q. Thank you, Doctor. Now, let me read you another statement and ask if you agree with this. I will tell you in advance, it's your words. COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

Within the scientific community, there is 1 2 always room for disagreement. That's how scientific studies work. That's how science works from the point of view of proving a hypothesis, testing it, dissecting it, and trying to reproduce the effects from one study to the next, and see whether a body 7 of evidence exists. 8 Agree with that? 9 A. Yes, sir. 10 Q. Now, it's true, isn't it, sir, that there are a number of anti-tobacco organizations in this 11 12 country and abroad, correct? 13 A. Yes. 14 Q. The Group Against Smoking Pollution is one, 15 right? 16 A. Yes. 17 Q. Action on Smoking and Health is another, 18 correct? 19 Correct. Α. Tobacco Product Liability Projects, a third, 20 Q. 21 right? 22 A. Yes. 23 Q. Each of these organizations regularly puts 24 out newsletters or holds press conferences and 25 generally communicates with the public their view on

- 1 various issues pertaining to smoking and health,
- 2 correct, Doctor?
- 3 A. Yes.
- ${\tt Q.}$ And that's been true for a number of years,
- 5 hasn't it?
- 6 A. Yes, it has.
- 7 Q. You told the jury about the American Medical
- 8 Association and your Tobacco Control Division,
- 9 right?
- 10 A. Yes.
- 11 Q. The American Heart Association has a
- 12 comparable one, correct?
- 13 A. I think so.
- 14 Q. The American Lung Association does, too,
- 15 right?
- 16 A. And the American Cancer Society.
- 17 Q. And again, they regularly communicate with
- the public their views on issues relating to smoking and health, right?
- 20 A. Correct.
- Q. You told us on direct examination that the
- 22 American Medical Association sent out letters to its
- 23 members urging them not to accept funding from
- 24 tobacco institutions; is that correct?
- 25 A. Yes, it is.

- Q. And you also told them and told us that it's the position of the American Medical Association that you won't publish a study if it was funded by tobacco money, right?
 - A. No. I said it was the position of the American Medical Association that medical journals should not accept research published by the tobacco industry. Each individual journal has to make up its mind whether it wants to do that or not.
 - Q. How about JAMA?

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- 11 A. JAMA is an independent journal. It's not 12 the mouthpiece of the American Medical Association.
 - Q. Does JAMA do it?
- 14 A. JAMA is currently, as I understand it -- and 15 I am not on the editorial board -- is reviewing that 16 recent policy statement of the AMA and has not come 17 to any conclusions as to what its policy will be.
- Q. So even as we sit here today, the Journal of the American Medical Association has not even followed the advice of the American Medical Association; is that correct?
- 22 A. That's correct.
- Q. But nonetheless, what the AMA has urged is the journals shouldn't publish research if it's funded by tobacco money, right?

- 1 A. That's correct. 2 Q. And that's true
 - Q. And that's true regardless of the results of the study, right?
- A. Yes. And based on the ethical constraints or the ethical precepts of the source of the funding -- again, following the lead of the American
- 7 Thoracic Society journals -- the House of Delegates
- 8 thought that it was an ethical imperative for
- 9 medical journals to stay away from tobacco industry 10 funded research.
- 11 Q. So the American Thoracic Society has the 12 same policy?
 - A. Correct.
- 14 Q. They have urged their readership, their 15 members, not to publish articles funded by tobacco 16 money?
- 17 A. Yes.
- 18 Q. Regardless of the study, right?
- 19 A. Correct.
- 20 Q. Regardless of the study's health
- 21 significance, right?
- 22 A. That's correct.
- MR. COFER: That's all I have. Thank
- 24 you.

25 THE COURT: Anybody else before you -COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE
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1 no?
2 All right. Go ahead, sir.
3 REDIRECT EXAMINATION
4 BY MR. ROSENBLATT:

- Q. Dr. Houston, I want you to tell us all the reasons, as Mr. Cofer stated, why you and the American Medical Association feel that you are in a war against the tobacco industry. From a public health standpoint, why does that war exist?
- A. The war exists because the tobacco industry has consistently done everything it can to obstruct the public health community of physicians and public policy as regards tobacco and health, has engaged in a variety of actions to create doubt within the public's mind, and has done a great deal of work to subvert the public health process in legislative and policy bodies regarding tobacco and health, and generally has obstructed the efforts of science and health related to tobacco control for decades.
- Q. Now, the protagonists in this war on the one hand are the tobacco companies. Who, from a public health standing -- who is on the other side in this war? You have got the tobacco companies on one side. From a public health standpoint, who is on the other side?

The voluntary health agencies, like the 1 American Cancer Society, the American Heart Disease Association, the American Lung Association, the AMA, medical specialty societies of every description, 5 from the pediatricians and the family doctors, to the specialists in lung disease, the cancer 7 specialists, hospital associations, collections of 8 individuals who have been harmed by tobacco smoke, 9 such as the group Americans for Nonsmokers Rights, and people who represent the public interest, 10 generally. 11

12

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16 17

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20 21 Nurses associations. Church associations. That's an organization that has been a very good group, for example, in communicating the problems of smoking and health in an unexpected source, to churches. There is a coalition of black ministers that's involved in educating their congregations in tobacco control, led by the Reverend Jesse Brown. And others that I could name.

- Q. Okay. Now, World War II lasted four years. How long has the tobacco war lasted?
- A. Probably since before World War I, but it's been going on for quite a long time.

The war, as we understand it today in the
metaphor that you used, really didn't start heating
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- up until the 1950s, when the scientific facts about smoking and health really became generally known,
- both to the physician and the physician public, the
- 4 medical organizations, and to the public generally.
- 5 Q. Counsel asked you about whether or not you 6 had done personal research on certain aspects of 7 tobacco and health. You never did personal research 8 on tuberculosis, did you?
 - A. That's correct.
- 10 Q. You know what caused it, don't you?
- 11 A. Sure.

- 12 Q. You know that from reading and studying and 13 analyzing, correct?
- 14 A. Correct.
- 15 Q. You feel your father's death was connected 16 to his habits of smoking Winstons, correct?
- 17 A. I do.
- 18 Q. But that was his choice?
- 19 A. That was his choice. It was made in an era 20 when -- in World War II he joined the Navy underage
- 21 and began smoking there, as many, many servicemen
- 22 did, in an era when the health effects and the
- 23 consequences of tobacco smoking were not well-known
- 24 and were only beginning to be understood when it
- 25 comes to lung cancer and other diseases.

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So he made a choice that was uninformed from
1
    the point of view of health, because there wasn't
    much data available. Whether he would have made the
    same choice today, I don't know.
       Q. Now, Dr. Houston, Mr. Cofer read to you from
 5
 6
    page 92 of your deposition. I want to read another
 7
    question and answer on that very same page.
8
                 MR. COFER: Excuse me. Give me a page
    and line cite. Let me look at it before you read
9
10
11
                 MR. ROSENBLATT: Page 92, line 9.
12
    Here. Look at mine. It will save you some time.
13
    It's short. What I have got---
14
                 MR. COFER: This part here? Sure.
15
            QUESTION: Do you consider companies that
16
     sell tobacco products to be your enemy?
17
            ANSWER: They have been the enemies of
18
    public health generally, yes.
19
            Was that your answer?
            Yes, it was.
20
       Α.
21
       Q. When the Surgeon General's Report of 1964
22
    came out and said that cigarette smoking causes lung
23
    cancer, do you know if that Surgeon General had a
24
    personal grievance against the tobacco industry?
                 MR. COFER: Excuse me. Objection, Your
25
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Honor. Leading, beyond the scope---
1
                THE COURT: I will sustain it.
                MR. COFER: Thank you.
4
5
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- Since that Surgeon General's Report came out in 1964, and when you look at the history of all the yearly Surgeon General's reports up until today, has there ever been any deviation or fallback from the position expressed in 1964 that cigarette smoking causes disease?
- No. In fact, it has been an amplification 11 of and a better understanding of the wide effects of cigarette smoking on disease relating to a variety of specific subjects that go from chronic lung disease to heart disease, addiction, secondhand smoke and other issues.
 - Q. In this war, when you look at the tactics of the tobacco industry with respect to the scientific information coming out about smoking, how has that related to the tobacco industry's reaction and public posture with respect to scientific information coming out more recently on the issue of secondhand smoke? Is there a relationship? MR. COFER: Objection. Beyond the scope.

MR. ROSENBLATT: I'm going to start COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE COPYRIGHT 1997 -- TAYLOR, JONOVIC & WHITE

talking about a war, Judge.

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THE COURT: Overruled.

- Ο. You can answer.
- A. The kind of arguments that the tobacco industry made early on related to direct smoking are the same kind of arguments that the tobacco industry has made in recent years about secondhand smoke and its effect on health. The words may not have been precisely the same. Often they were. "We need more research, it's unclear, we don't know enough." But 11 the thrust has been the same.
 - Q. Counsel asked you some -- when he was talking about airplanes and flight attendants, he was asking you some questions about ventilation, humidity, certain kinds of very specific conditions on airplanes.

Dr. Houston, is there any doubt in your mind 18 but that nonsmoking flight attendants exposed to secondhand smoke in airline cabins over an extended period of time, that some of them will develop lung cancer and other diseases as a result of that exposure?

That we would -- our position would be that 23 24 it would be entirely probable that that is an 25 occurrence. It could happen, yes.

```
Q. Now, Counsel talked about some antismoking
1
 2 organizations, which undoubtedly do exist in this
    country. Dr. Houston, before I called you and
    contacted you and asked you to be a witness in this
 5
    case, you had never heard of me, correct?
 6
           That's correct.
       Α.
7
       Q. We had zero contact?
8
      A. That's correct.
9
       Q. You and I, although we have had some
10 telephone conversations, you and I never met until
11 today, correct?
12
      A. That's correct.
                 MR. COFER: Objection, Your Honor.
13
14
   Relevancy.
15
                 THE COURT: Yes. I'm not sure it has
16 anything to do with what we are talking about.
17
    Q. You do not favor, do you, banning -- a law
18
   that would ban smoking in this country?
19
      A. No, I don't.
           But you would be a happy man, wouldn't you,
20
       Q.
21
    if every smoker in America decided at midnight
22
    tonight to quit?
23
                 MR. COFER: Objection, argumentative.
24
       A. There---
25
                 THE COURT: It's repetitious.
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MR. COFER: That, too. That's what I
1
2 meant to say.
     Q. Okay. When Counsel asked you about the
 4 antismoking groups and the American Medical
 5
    Association, the American Cancer Association, the
    American Heart Association on the one hand, and the
 7
    tobacco industry on the other hand, in this war, you
8
    would agree, would you not, that the budgets are
9
    vastly different?
10
      A. Yes, I would.
11
                 MR. COFER: Objection.
                 THE COURT: I will sustain it. Way
12
13
    outside the scope.
14
                 MR. ROSENBLATT: That's all I have,
15
   Your Honor.
16
                 THE COURT: You may step down, Doctor.
17
                 (Witness excused.)
18
                 THE COURT: All right. I assume that's
19
    going to wrap it up for the day.
                 MR. ROSENBLATT: Yes, Judge.
20
                 THE COURT: Tomorrow, nine o'clock.
21
22
    Same admonitions. I will try to be here -- I will
23 be here at nine o'clock. I'm not sure we will get
24 to you all, but you be here downstairs, second
25 floor. Same admonition. Don't read anything about
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it, hear anything, talk about it, or reach any
1
    conclusions.
                  (The jury retired from the courtroom
 4
    and the following proceedings were had:)
 5
                 THE COURT: Close the door behind you,
 6
    please. Thank you.
 7
            All right. Have a seat, folks. We will let
8
    them get out of the way before we all go outside.
9
    What's the plan for tomorrow?
10
                 MS. ROSENBLATT: We have
11
    Dr. David Burns, who will be probably a fairly long
12
    witness, we anticipate. And if he's finished before
    the conclusion of the day, we have already gone
13
14
    through one of the depositions and will try to get
15
    another one finished tonight.
16
                 MR. ROSENBLATT: Exhibits.
17
                 MS. ROSENBLATT: Exhibits.
                 MR. ROSENBLATT: He's our only witness,
18
19
    coming in from California. He was scientific -- we
    anticipate the cross examination will be long. If
20
21
    he finishes earlier, we don't have another witness.
22
    If he's not going to be long, let them tell us,
23
    but---
24
                 THE COURT: Right. Do we have anything
25
    we have to discuss with Dr. Burns vis-a-vis
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1
    discovery, anything else?
                 MR. HARDY: We'll have some things to
3 talk about with respect to Dr. Burns, but we can't
    deal with his exhibits --
                 THE COURT: Until you see them.
5
                 MR. HARDY: -- until tomorrow morning,
 6
 7
    Your Honor, because we only got them when we got
8
    over here this afternoon.
9
                 THE COURT: Okay. First thing we will
10
    do is take that issue up and see where we are going.
11
                 MR. HARDY: I would like to clarify one
    thing for the record -- do you have that letter?
12
13
    Just because I want to make sure there isn't any
14
    confusion on the record.
15
            The notice from Ms. Rosenblatt on exhibits
16 is dated July 15, and apparently it was just a --
17
                 MS. ROSENBLATT: Well---
18
                 MR. HARDY: -- problem with the
19
    typewriter, not the---
                 MS. ROSENBLATT: The first page said
20
21
    July 15. I think subsequent pages said the correct
22
    date. She mentioned the date was wrong.
23
                 THE COURT: Of what?
24
                 MS. ROSENBLATT: The letter,
25
    transmittal letter this morning of when we advised
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of what -- Robin noticed the---
1
                 MR. HARDY: That's fine.
                 MR. ROSENBLATT: Stop picking on Robin.
                 MR. HARDY: Hold on just one minute,
    Judge. Let me see if there is anything I can tell
 5
    you about Dr. Burns I am going to want to bring up.
            No. I think not until tomorrow. But I
7
8
    would like to ask just one question, at least for
    the Rosenblatts to be thinking about. Since we will
9
    all be leaving here after court tomorrow and not
10
    reconvening until the following Tuesday, I just want
11
12
    to know sort of what's the process going to be for
13
    how we find out what goes on next week?
14
                 THE COURT: Leave a message with a
15
    phone number.
16
                 MR. ROSENBLATT: I can tell him right
17 now, in an effort to be super cooperative, if we are
18
    ever behind, you know, on exhibits, hopefully this
19
    will go on our asset side of the ledger.
20
            We expect Dr. Tom Petty on Tuesday.
21
                 THE COURT: Okay. All right, folks.
    We will be in recess until Tuesday.
22
23
                 (The proceedings were adjourned at 4:45
24
   p.m.)
25
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